

BOROUGH OF POOLE



# Annual Report

FOR 1936

ON THE

## Health and Sanitary Circumstances of the Borough

BY

R. J. MAULE HORNE,

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MEDICAL OFFICER OF HEALTH,  
SCHOOL MEDICAL OFFICER,  
PORT MEDICAL OFFICER,  
ETC.



**BOROUGH AND COUNTY OF TOWN OF POOLE**



# **ANNUAL REPORT**

**FOR THE YEAR 1936**

**ON THE**

**HEALTH AND SANITARY  
CIRCUMSTANCES OF THE  
BOROUGH & PORT OF POOLE**

**AND OF THE**

**SCHOOL MEDICAL SERVICE  
OF THE BOROUGH**

**BY**

**R. J. MAULE HORNE**

**M.A. (HONS.), M.B., CH.B., B.SC., D.P.H.**

**Medical Officer of Health      School Medical Officer  
Port Medical Officer**

**Medical Superintendent, Borough Isolation Hospitals**

**Medical Officer for Maternity and Child Welfare**

**Director, Public Health Laboratories**

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<b>PART I</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>PUBLIC HEALTH</b>
<b>PART II</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>PORT HEALTH</b>
<b>PART III</b>		<b>MATERNITY &amp; CHILD WELFARE</b>		
<b>PART IV</b>	<b>-</b>	<b>SCHOOL MEDICAL SERVICE</b>		



## COMMITTEES, 1936.

### PUBLIC HEALTH AND PORT SANITARY COMMITTEE.

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THE WORSHIPFUL THE MAYOR :  
COUNCILLOR J. R. MACMAHON.

*Chairman :*

COUNCILLOR W. J. STICKLAND.

*Vice-Chairman :*

COUNCILLOR E. O. SPRACKLING.

*Aldermen :*

F. J. BACON, J.P.

J. A. ROGERS.

*Councillors :*

S. D. BALLAM

H. BEST

J. BRIGHT

E. H. P. BRISTOWE

M. J. CARTER, J.P.

L. F. COTTON

D. A. HAYNES, J.P.

W. G. HECKFORD

A. J. H. PEARCE

F. C. REEVES

### MATERNITY AND CHILD WELFARE COMMITTEE.

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THE WORSHIPFUL THE MAYOR :  
COUNCILLOR J. R. MACMAHON.

*Chairman :*

COUNCILLOR M. J. CARTER, J.P.

*Vice-Chairman :*

MRS. COTTON.

*Members :*

COUNCILLORS :

C. W. ALDRIDGE

S. D. BALLAM

L. F. COTTON

K. A. MACANDREW, J.P.

R. UMNEY

*Co-opted Members :*

Rev. R. FAWKES

LADY OMMANNEY

MRS. SANSOM

MRS. P. RICHARDS

MRS. ROBERTS

### EDUCATION COMMITTEE.

---

*Chairman :*

ALDERMAN H. S. CARTER, J.P.

*Vice-Chairman :*

COUNCILLOR H. J. COLE.

*Aldermen :*

F. J. BACON, J.P.

A. E. F. CORNWELL

M. J. WHEATLEY.

*Councillors :*

MRS. M. J. CARTER, J.P.

H. W. CRABB

W. A. JARMAN

A. H. JOHNSTON, J.P.

SIR J. MARCHANT, K.B.E.

W. J. STICKLAND

*Co-opted Members :*

MISS BARKER

MISS BUDGE

MISS JEFFERYS

A. R. CURTIS

J. STANLEY LITTLE

H. W. HICKS

REV. P. D. LEAHY

E. LACK

# STAFF :

Medical Officer of Health	...*	§R. J. MAULE HORNE, M.A. (Hons.) M.B., Ch.B., B.Sc., D.P.H.
Deputy Medical Officer of Health	... *	G. CHESNEY, M.B., Ch.B., B.A.O., D.P.H., Cert. T.M. & H.
Sanitary Inspectors and Inspectors under Diseases of Animals Act	{ POOLE ...*	§P. W. WHEELER, Cert. R.S.I., M.S.I.A. BRANKSOME §C. A. TRIM, Cert. R.S.I., M.S.I.A. LONGFLEET §J. POWER, Cert. R.S.I., M.S.I.A. PARKSTONE §C. GLOVER, Cert. R.S.I. CANFORD... §R. LEGGAT, Cert. R.S.I.
Matron, Borough Isolation Hospitals	...	Miss D. L. DOYLE, S.R.N., R.F.N., S.C.M.
Health Visitors and School Nurses	...*	Miss A. L. HOOPER, S.C.M., A.R.S.I. *Miss L. B. LEVER, S.R.N., S.C.M., R.F.N. *Miss E. M. MANSELL, S.R.N., S.C.M., Cert. R.S.I. *Miss F. E. MORGAN, S.R.N., S.C.M., R.F.N., Cert. R.S.I. *Mrs. H. I. PARTRIDGE, S.C.M., Cert. R.S.I. *Miss B. A. SYDENHAM, Cert. Nurse.
Chief Clerk	...	*F. B. EDWARDS.
Clerks	..	Miss E. I. TAPPER. *Miss K. D. CODD. *D. V. PROTHERO. R. W. FAIRLAMB. L. LEITH.
Laboratory Assistant	... *	D. W. ROGERS, M.I.H.
Sanitary Inspectors' Assistants	...	J. BLUNDEN. E. H. J. CLARKE. V. B. JENKINS. W. E. C. WELLMAN. E. G. STEVENS.

## CONSULTANT AND PART-TIME SPECIALISTS.

Obstetrical Consultant and Consultant under Puerperal Fever and Puerperal Pyrexia Regulations	S. GORDON LUKER, M.A., M.D., B.Ch. (Cantab.), M.R.C.P. (Lond.), F.R.C.S. (Ed.).
Ophthalmic Surgeon	... T. R. AYNSLEY, M.B., D.O.M.S.,
Orthopaedic Surgeon	... N. ROSS SMITH, M.B., Ch.M.
Nose and Throat Surgeon	... C. SALKELD, B.A., (Lond.), M.B. B.S. (Durham).
Radiologist	... D. D. MALPAS, M.R.C.S., L.R.C.P.
Anaesthetist	... J. C. A. NORMAN, M.R.C.S., L.R.C.P.
Dental Surgeons	... L. B. MYERS, L.D.S., M.B.E. R. G. S. HOLMES, L.D.S.
Public Analysts	... C. G. MOOR, M.A., F.I.C. R. PENDRILL CHARLES, M.D., F.I.C.
Veterinary Surgeon	... J. S. WOOD, M.R.C.V.S.

NOTE : • Contributions to Salary by Exchequer.  
§ Contribution to Salary by County Council.

"Physic can but mend our crazy state,  
Patch an old building, not a new create."

*John Dryden.*

## PREFACE.

*To the Mayor, Aldermen and Councillors of the Borough of Poole.*

*I have the honour to present my sixteenth Annual Report on the Health of the Borough.*

*These pages have been compiled more or less on the basis of previous Reports, and therefore include material which may appear mere repetition. This is inevitable with statistics, if the records of the past are to be preserved and easily collated in after years.*

*The following points have, however, called for special reference :*

*Housing and overcrowding ;*

*Ribbon development and its handicap on sanitary progress ;*

*Water supplies in unpipcd areas ;*

*Physical recreation for the masses ;*

*Organised supervision and orthopaedic care of the pre-school child :*

*The " ageing " of the population ;*

*Controlled midwifery service and ante-natal supervision ;*

*Isolation hospital accommodation ;*

*Typhoid fever, and measures to ensure a safe milk supply ;*

*Air raid precautions.*

*The Section of the Report dealing with the School Medical Service has been revised by Dr. G. Chesney, Deputy Medical Officer of Health.*

*In this connection I wish to recall the remarks which I made in the Preface of the Report for the year 1935 as to the importance of the work being carried out in this Borough in the search for a safe, simple and speedy protection of the young child against the treacherous ravages of diphtheria. The particular method which has been evolved and has been described by Dr. Chesney in pages 18-23 of Part IV under the title of "Eight Years of Diphtheria Immunisation in Poole," is a valuable practical contribution to preventive medicine, and I venture to express in the present tense what last year I expressed in the future—that it is to Poole's credit that it has led the van.*

*I wish again to thank the Chairman and Members of the Committees, my colleagues in other Departments, and my entire staff, office, outdoor and hospital, for their continued co-operation and support.*

*R. J. MAULE HORNE,*

*Medical Officer of Health.*





# PART I.

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## PUBLIC HEALTH.

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### GENERAL STATISTICS.

(1) *Area of Borough.* 15,640 acres, not including 2,220 acres of tidal waters and foreshore.

(2) <i>Population,</i>	(a) As at Census, 1931	...	57,211
	(b) As estimated by Registrar-General at 30th June, 1936	...	66,820
	(c) Estimated at 31/12/36	...	67,400

(3) <i>Total number of Inhabited Houses</i>	from Rate Books.		
As at December, 1934	...	...	16,929
1935	...	...	18,004
1936	...	...	18,722

(4) <i>Rateable Value</i>	...	...	£571,891
<i>Sum represented by Penny Rate</i>	...	...	£2,190

### PHYSICAL FEATURES.

These have been described in previous Reports, to which reference may be made, e.g., that for 1933, Part I, pp. 8-10.

### METEOROLOGY.

The daily report of the Climatological Station appears in the Weather Reports of Health Resorts in the daily papers.

The year 1936 was less sunny than 1935, the total sunshine being 1,494 hours, compared with 1,699. August was the sunniest, the warmest and the driest, with an average 7.41 hours of sun daily, and 3.5 units of ultra-violet irradiation. January was the rainiest and the least sunny month, and February the coldest. The daily average of sunshine throughout the year was 4.10 hours, as against 4.66 hours in 1935.

The summer and winter range of temperature was 14°, the average maximum being 58°, and the average minimum 44°. In the European Alps, this range is about 19° and at Nice about 18°. Our own South Coast climate would appear to be more consistent than these.

The total rainfall was 32.15 inches at sea-level, and 2 inches less on the top of the Parkstone plateau, some of the rain "breaking" on the slopes of the plateau. The total is about 3 inches above the average annual fall, and 7 inches below the previous year.

### SOCIAL CONDITIONS AND UNEMPLOYMENT.

The chief occupations and industries have been previously referred to (Annual Report, 1933, Part I, pp. 10-11), as also the double—periodic and seasonal—waves of employment.

For recent years the condition of the labour market has been as shown below.

Year.	Average of Unemployment	Unemployment as at December	Relief as at December
Annual Average			
1921-1925	694	784	1249
1926-1930	645	939	1345
1931-1935	1543	1748	1655
1936	1114	1325	1669

The relief figures represent 438 men, 754 women and 477 children.

### PUBLIC PARKS AND PLEASURE GROUNDS.

Apart from the extensive and picturesque sands and seafront, the Borough is well supplied with open spaces, which act as "lungs" for the use of the general public. These grounds cover 265 acres, Haskell's Recreation Ground, 7½ acres, and provided with one set of children's gymnasia, having been added during the year. There are now available 10 football, 5 hockey, 1 rugby, 2 netball, and 8 cricket pitches, as well as 8 grass and 6 hard tennis courts, 4 bowling greens, 2 putting greens, and 6 children's open-air gymnasia.

### PHYSICAL TRAINING AND RECREATION OF THE PUBLIC.

Reference to open spaces and "lungs," with which, as shown above, the town is well favoured, particularly in its fine reaches of seashore and sands, opens the way for consideration of two other matters of communal well-being on which public attention is now being focussed—nutrition and physical training, both "organised," if the term can be suitably applied.

In other words, if we are to be "well" in our work, and in our play, we have to give still more thought to fresh air, food and fitness. This does not mean unguided and spasmodic experimentation with new "stunts," but an intelligent introduction into the domestic circle of the lessons learned by those best able to sift the good from the harmful in their own special spheres, and to present these lessons in a simplified and attractive manner that will catch the popular fancy, and stimulate action *en masse*.

There is something in the British temperament, summed up as "individualism," which makes voluntary co-operation a much more important factor in the success of any new movement in this country than it might be in a population of more rigidly state-controlled mentality. Because of this, the line of approach to public application must be the more carefully thought out. In spite of the best intentions, we will always have the misguided enthusiast who will choose a beefsteak where oats and milk are indicated, who will blister his skin as a fan of the sun-bathing fetish, or who will strain his heart with weighty dumb-bells, where a towel or a broomstick would be the more appropriate appliance.

It is a truism, of course, that the consumption of physical energy on an ill-balanced diet can only lead to trouble, just as an overheated engine will ultimately break down against its want of lubrication. As a basis for argument: Will a man benefit or harm himself by the exercise of a long walk home, as a change from the train or the 'bus, after a heavy and perhaps worrying day at his work, in the pleasant anticipation of "a good meal" at the end of his journey?

It has to be realised that "intake" and "output" will not brook abuse. To assume that any given collection of physical recreationists, met for the purpose of free gymnastics as a squad on the beach or in a public park, are ready for the call upon their bodily reserve would be a big assumption. But if any step has to be taken at all, it must be presumed that for one exception there are many normals, and that good will in the end result for the greatest majority.

Probably it is on this basis that the Government are reminding Local Authorities of the powers which they possess for aiding physical training and recreation as a municipal and national asset, and how it is proposed to encourage and support movements for their extension and much wider use. Quite appropriately it is considered that a national scheme operated direct by the State would not achieve its purpose if, as is probable, it failed, owing to its very uniformity, to attract the attendance of those for whom it was designed, and the proposed development is rather along the lines of active local public interest, to be fostered by expert advice and financial help.

The Government have accordingly decided that any local scheme should embrace the whole field of physical culture, and should therefore include arrangements for increasing the supply not only of gymnasia but also of playing fields, swimming baths, and other means of healthy physical recreation, not for the few but for the many.

An advisory Memorandum "Physical Training and Recreation" has been issued outlining general proposals. This advises as a first step the formation of a local Committee to consider how unsatisfied needs could best be met.

### VITAL STATISTICS.

Quinquennial figures under several headings from 1885 onwards are given in Table A.

For the last five-yearly period details are enumerated for comparison below :—

Year	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				
		Birth Rate.	Marriage Rate.	Crude Death Rate.	Cancer Death Rate.	Pulmonary Tuberculosis Death Rate.
1931	43.2	15.8	16.5	12.50	1.81	0.84
1932	55.2	15.8	15.1	11.70	1.58	0.65
1933	46.4	16.0	16.1	11.71	1.50	0.61
1934	44.1	15.4	16.2	11.48	1.96	0.50
1935	44.0	16.0	16.8	11.70	1.84	0.79
Average	46.6	15.8	16.1	11.82	1.74	0.68
1936						
Poole ...	51.2	16.9	16.9	12.10	1.89	0.55
England & Wales ...	59.0	14.8	17.1	12.1		

For 1936, in detail, particulars are set out below :—

		Total	Male	Female	
Live Births	Legitimate	958	496	462	Birth Rate : 16.9
	Illegitimate	39	20	19	
Still Births	Legitimate	35	22	13	Rate per 1,000 total births : 36.7
	Illegitimate	3	1	2	
Deaths ...	...	807	391	416	Death Rate : General : 12.10 ; Corrected, 10.77

#### Percentage of Deaths occurring in Public

*Institutions* ... 24 per cent.

*Maternal Deaths* : (a) from sepsis ... 1

(b) from other causes ... 5

*Infantile Deaths*, or deaths under 1 year, per 1,000 live births :

(a) Legitimate : 45 Rate : 45.1 Combined Rate 51.2

(b) Illegitimate : 6 Rate : 154.0

*Neo-Natal Deaths*, or deaths under 4 weeks : 25

Rate : ... 25.1

*Deaths from Measles* (all ages) ... 7

*Deaths from Whooping Cough* (all ages) ... 1

*Deaths from Diarrhoea* (under 2 years) ... 2



The following statistics are based on the Registrar-General's estimate of the population at mid-year, 1936, of 66,820 inhabitants.

*The Birth Rate* was 16.9 per 1,000 of the population. In 1935 it was 16.0. For England and Wales the figure is 14.8.

*The Infantile Death Rate.* This is discussed in detail in the Section dealing with Maternity and Child Welfare. The rate of deaths per 1,000 live births is for 1936, 51.2, the previous best being 43.2 in 1931. For England and Wales in 1936, the infant death rate was, in the Great Towns, including Poole, 63; in the smaller towns, 55, and for the whole country, 59.

Stillbirths totalled 38, 3 being illegitimate. This represents 36.7 stillbirths per 1,000 total births, and 55 per 1,000 of population the figure for the whole country being .61.

*The Marriage Rate.* For 1936 this was 16.9 per 1,000 of the population, as compared with 16.8 in 1935. For England and Wales in 1936, 17.3.

*The Death Rate.* The general death rate for the year was 12.1 as compared with 11.7 for 1935. For the whole country the death rate was 12.1, which is .4 above the rate of 1935.

Of the total 807 deaths, 55.6 per cent. were over 65 years of age, and 30.1 per cent. over 75 years.

Until 1892, the highest age group required for official returns was "60 years and over." In that year, 65 years became the base of the last group, and the percentage of total deaths in that group in Poole was 20.7.

Continuing the local comparison for pre-war and post-war years, the figures are instructive :—

PRE-WAR		POST-WAR		
Quinquennium	Proportion of deaths over 65 yrs.	Quinquennium	Proportion of deaths over 65 yrs.	Proportion of deaths over 75 yrs.
1894—98	25.2%	1921—25	44.9%	—
1899—1903	32.1%	1926—30	49.6%	26.6%
1904—08	33.1%	1931—35	52.6%	30.1%
1909—13	34.0%			

Briefly 30 years ago one-third of the population of Poole lived to be 65, now one-third live to be 75.

The "ageing" of the population of England and Wales is receiving serious attention by statisticians, especially from the

angle of the falling birth-rate, but as early as 1883, the Medical Officer of Health of Poole at the time was ruminating :—

“ It may be that in every population a time arrives when there is a larger number of aged persons co-existing than usual, and that, in the natural course of events, at certain cycles of time, a larger mortality of these aged persons may be expected.”

As a matter of national economics, the advancing of the pivotal age of the population opens up important considerations at each end of the scale—fewer schools for the young, more small houses for the aged, for instance. The process of change is gradual and unobtrusive, but those who have to legislate for the future are showing concern.

Perhaps some glimpse of a possible stemming on the decline in population may be detected in the following figures for England and Wales as a whole.

Year.	Infant Mortality per 1,000 live births	Death rate	Live Birth rate	Marriage rate
1931	66	12.3	15.8	15.6
1932	65	12.0	15.3	15.2
1933	64	12.3	14.4	15.7
1934	59	11.8	14.8	16.9
1935	57	11.7	14.7	17.2
1936	59	12.1	14.8	17.3

The death-rate is approximately stationary. There is increased saving of infant life. The marriage rate is going up. The birth-rate, after reaching a low record, shows signs of redeeming itself.

A comparison of these points with the local position in Poole will be found in Table A at the end of this section of the Report.

*The Cancer Death Rate.* The total deaths from malignant disease in 1936 were 126, which gives a death rate of 1.89 per 1,000 inhabitants. In 1935, the figure was 1.84. For England and Wales in 1936, the figure is not yet available.

*Deaths from Pulmonary Tuberculosis* numbered 38. The resulting rate is .55 per 1,000 of the population.

### WATER SUPPLIES.

The main features of the water supplies of the Borough have been fully described in previous Annual Reports (see Report for 1925, Part I, pp. 12-14).

During 1936  $4\frac{3}{4}$  miles of new distributing mains were laid, compared with  $2\frac{1}{2}$  miles in 1935.

The consumption of water supplied by the Borough scheme, and not including that provided by the Bournemouth Gas and Water Company on the east and north fringes of the town, was 659,156,224 gallons, an increase of nearly 21 million gallons on the previous year,

A constant and abundant supply has been maintained throughout. A chemical analysis of the water from the two main supplies, made in December, shows :—

## Chemical Results in parts per 100,000.

## Company Supply.

Turbidity	...	Reasonably Clear and Bright.
Colour	...	Odour, None.
Reaction pH	...	Free Carbonic Acid. —
Electric Conductivity at 20 ° C.	7.7	405
Total Solids, 180 ° C.	27.0	
Chlorine in Chlorides	...	1.8
Nitrogen in Nitrates	...	0.16
Hardness : Permanent	...	3.5
Temporary	...	14.5
Total	...	18.0
Metals	...	Iron 0.005
Free Ammonia	...	0.0008
Albuminoid Ammonia	...	0.0060
Oxygen absorbed in 3 hrs. at 37 ° C.	...	0.0850

## Bacteriological Results.

No. of Bacteria per c.c.	
On Agar in 3 days at 20 ° C.	6
On Agar in 24 hours at 37 ° C.	2
On Agar in 48 hours at 37 ° C.	5
The Bacillus Coli	...
Bacillus Welchii	...
(B Enteritidis Sporogenes)	...

This is a reasonably clear and bright water, of normal colour and neutral reaction. It is free from excess of saline matter, contains only a negligible trace of Iron, and is of satisfactory organic quality.

The water is of the highest degree of bacterial purity and is pure and wholesome suitable for Public Supply purposes.

(Signed) DRS. BEALE AND SUCKLING.

## Corporation Supply.

Free Ammonia	...	0.0015
Albuminoid Ammonia	...	0.0030
Oxygen absorbed at 37 ° C. in 4 hours	...	0.0364
Nitrites	...	nil
Nitric Nitrogen in Nitrates	...	0.21
Hardness : Temporary	...	20.00
Permanent	...	2.5
Total	...	22.5
Chlorine	...	2.5
Total Solids, dried at 180 ° C.	...	30.4
Free Chlorine	...	nil
Free Carbonic Acid	...	nil
Metals (Lead, Copper, Zinc, Iron)	...	Trace of Iron
pH reaction	...	7.6
Appearance	...	Colourless and clear
Odour	...	none
<b>Bacteriological Results.</b>		
Bacillus Coli	...	Absent in 100 c.c.
Streptococci	...	Absent in 100 c.c.
B. Enteritidis Sporogenes	...	Absent in 100 c.c.

This is a clear bright water of neutral reaction, and free from any deposit on standing. It is hard in character, but is much softened on boiling.

The foregoing results show that the water is of a high degree of organic purity, both chemically and bacteriologically, and in my opinion it may be safely used for drinking and domestic purposes.

(Signed) R. PENDRILL CHARLES.



## SPECIAL AREAS.

### REPORT ON THE POSITION AS AT DECEMBER 1936.

There are about 175 premises in the area not on main water supplies. These may be divided into 4 groups as follows :—

(1) Houses dependent on wells, springs, etc., where main water is available. These number 26 : 10 of these have supplies which have been, at times of test, satisfactory ; preliminary notices to connect up to mains have been served on the owners of the other 16 houses where mains have recently been laid.

(2) Houses on the Canford School Supply. This is a pumped supply from a deep well which supplies Canford School and the whole of Canford Village (about 30 houses). So far it proves to be a satisfactory supply.

(3) Isolated cottages and houses with well or spring supplies, where main water is not available and not likely to be available for some time. These now number 29, of which 24 are either now reasonably satisfactory, having regard to their isolated situation ; or are being protected as far as practicable. 5 remain to be dealt with.

(4) Houses on well or spring supplies, situated on roads where water mains are not available. There are now 6 such areas comprising 90 dwelling houses, 10 cowsheds and 2 factories. Details of the position in each of these areas are as below :—

#### Ashington Area.

##### (1) *Ashington Lane.*

Number of premises on this section of road—15 dwelling houses and 2 cowsheds. All water supplies, with one exception, are unsatisfactory.

8 dwelling houses are dependent on a surface spring or surface drainage water collected in a brick chamber, and distributed to the 8 houses through two open shallow wells. This supply is liable to contamination at the source but in any case it is definitely contaminated in the wells.

2 dwelling houses have a shallow well which is so badly contaminated as to be unfit for use and the water used is being obtained from the supply mentioned above.

1 dwelling house is dependent on a contaminated shallow well.

4 dwelling houses (at the top of Ashington Lane) have a well which is contaminated. The well is not being used at present as the pump is out of order and water is being fetched from a tap on the main at the Railway Bridge (a distance of about 200 yards).

1 cowshed is dependent on a well which is contaminated and is insufficient for normal needs.

1 cowshed has a well supply which has been satisfactory, when tested.

(2) *South Merley Road.*

Number of premises on this section of road—13 dwelling houses and 6 cowsheds.

All these premises are supplied from one or other of two wells.

(a) Merley Hall Farm well supplies 5 cowsheds and 10 dwellings. The well is a deep bore-hole 171 ft. deep, steel lined half-way down from which water is pumped to 2 cisterns supplying the taps in all premises.

The supply is subject to intermittent contamination.

(b) Lake Farm well. A covered shallow well, construction unknown, supplying 3 dwelling houses and 1 large dairy farm. No shortage of water, but each sample has shown evidence of contamination.

*Arrowsmith Road.*

Number of premises in area—28 dwelling houses. All but 6 houses have water closets and cesspool or soakaway drainage systems.

19 houses have shallow well supplies which cannot be considered as satisfactory.

9 of these are badly contaminated (4 of these fail completely in dry weather).

6 are subject to intermittent contamination (4 of these were contaminated on last sample and 2 were satisfactory).

1 has no supply.

1 has a contaminated shallow well supply laid on to house but has a satisfactory spring supply in the garden.

1 has a shallow well supply from which it has now been possible to obtain a sample.

1 is on the piped supply from Canford Reservoir (see report on Knighton area).

9 houses have apparently satisfactory supplies.

5 of these are supplied by shallow wells which were at times of test satisfactory ; in one of these the quantity is inadequate.

4 are on main water supplies through a private service.

*Harvey's Lane.*

Number of Premises, 5 dwelling houses. All are unsatisfactory. Three of the houses have water closets and cesspool or soakaway drainage systems.

1 house has no supply.

3 houses have contaminated shallow well supplies.

1 house has a shallow well supply subject to intermittent contamination.

*Knighton.*

Number of premises in Knighton Lane—12 dwelling houses and 1 large dairy farm. 7 dwelling houses and the dairy farm are supplied by a piped system from the Canford Reservoir (collected spring water) on Canford Heath. In the past this has been liable

to the contamination from interference by trespassers, and in 1934, samples showed evidence of contamination. In the autumn of 1936 the reservoir was cleaned out and re-fenced; and since then samples of the water have reached accepted standards.

5 dwelling houses are dependent on two shallow wells which are badly contaminated.

*Moortown (Merley Road).*

Number of premises—9 dwelling houses and 1 large dairy farm. 3 dwelling houses and the dairy farm are supplied by a piped system from the Canford Reservoir.

6 dwelling houses are supplied from 3 shallow wells which are contaminated.

*West Howe.*

Number of premises in this area—8 dwelling houses (i.e. 5 in Wheelers Lane and 3 in High Howe Lane).

(1) *High Howe Lane.*

Two of the houses are on main water through a private service. The other house has a shallow well which was contaminated in 1934 but was satisfactory when sampled in December, 1936.

(2) *Wheeler's Lane.*

1 house has no supply.

4 houses are supplied by 2 shallow wells which were contaminated in 1934 but were satisfactory when sampled in December, 1936.

*Mannings Heath Road.*

Number of premises in road—10 dwelling houses and 2 factories.

4 dwelling houses are on main water by private services from Ringwood Road.

2 dwelling houses and the 2 factories have no supplies.

4 dwelling houses are supplied by shallow wells which are contaminated.

## CESSPOOLS AND SEWERAGE.

For the five years prior to the year now under review, the number of cesspools dealt with by the cesspool plant was 624, 455, 491, 595 and 736 respectively. The last figure, of 1935, has been increased during 1936 by 97, bringing the total to 833. The average number of emptyings is six per annum.

While the two schemes at present in progress, namely at Wallisdown and Hamworthy, are expected to affect 375 existing cesspools, and to bring the present figure down to 458, there are no signs of an abatement of new buildings on unsewered areas, and in three years the total would probably be up again to 800.

The Borough Surveyor remarks in a Report on the cesspool cleansing service made to the Roads and Works Committee:—  
“I would ask the Committee to envisage the possibility of progressively eliminating the cesspools from the Borough. This

can only be carried into effect if two courses are consistently pursued by the Council, namely (i) the provision of sewers in areas where such are at present absent, either by sewerage schemes or by private street works as the case may require, and (ii) utilising the powers of the Town and Country Planning Act to prevent sporadic and scattered development, and thereby ensuring that future houses are erected in sewered areas or in pre-determined drainage areas."

From the table below it will be seen that further sewerage areas projected include 312 cesspools, and that a later scheme could deal with 107 at Merley and Canford, leaving 39 outlying.

**CESSPOOLS ON REGISTER, DECEMBER 31st, 1936.**

	Number	Increase during 1936	Sewering Schemes under way	Sewerage areas projected	For future Scheme	Remain- ing
Newtown—Wallisdown ...	296	30	290	—	—	6
Fernside—Foxholes ...	137	21	—	135	—	2
Rossmore ...	22	—	—	21	—	1
Waterloo—Creekmoor—						
Upton ...	103	5	—	99	—	4
Broadstone ...	16	4	—	—	—	16
Canford—Merley ...	107	24	—	—	107	—
Hamworthy ...	143	9	85	57	—	1
Various ...	9	4	—	—	—	9
	833	97	375	312	107	39

With regard to the sewerage schemes referred to in the Annual Report for 1935, the position at the end of 1936 was as follows :—

#### **North West.**

*Creekmoor.* Negotiations were still being continued with the owner of Creekmoor Farm Estate with respect to a contribution towards the capital cost of the scheme. An offer by the owner was shortly to be considered.

#### **North.**

*Bear Wood.*—The scheme for dealing with Bear Wood, Merley and Canford Magna Village has been held up for the time being. The problem of the sewerage and sewage disposal of Wimborne renders precipitate unilateral action inadvisable.



*Waterloo.*—This scheme was still under consideration.

*Foxholes.*—Scheme held up on account of the present unwillingness of adjoining landowners to contribute towards the cost. Meanwhile the principal estate owner was laying a further length of sewer included in the scheme.

#### **North-East.**

*Wallisdown.*—This scheme received the approval of the Ministry during 1936, and the work of laying sewers is proceeding with all possible speed. Up to the present nearly two miles of sewers have been laid, and the pumping station at Alder Road is under construction.

#### **South-West.**

*Hamworthy.*—A tender has been accepted for the making up and sewerage of Lulworth Avenue, Branksea Avenue, The Crescent and Purbeck Avenue, and part of Lake Road. Loan sanction for the carrying out of part of the work has already been received from the Ministry of Health, and it is hoped to be able to proceed with the execution of the scheme almost at once.

*Blandford Road.*—A scheme has been prepared and is under consideration for the sewerage of the remaining portion of Blandford Road, at present unsewered between Harkwood Farm and the Borough boundary—which will include a pumping station and rising main discharging into the existing sewerage system near Harkwood Farm. The scheme would enable the Council to deal with the sewerage of other roads in the vicinity under the Private Street Works Act. The number of cesspools dealt with in this neighbourhood at present is 57. The estimated cost of the proposal is £7,000.

Landowners have been approached with respect to making contributions towards the capital cost of the scheme, and negotiations are proceeding.

### **CLEANSING AND SCAVENGING.**

The main services are carried out by the Borough Surveyor's Department, acting under the direction of the Public Health Committee.

I am indebted to the Borough Surveyor for the following summarised figures applicable to the year ending 31st March, 1936.

#### **HOUSE REFUSE.**

	Collection.		Disposal.	
	1934-5	1935-6	1934-5	1935-6
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Net Cost ...	8587 0 0	9418 0 0	1929 0 0	1706 0 0
Net Cost per ton ...	10 10½	9 11½	2 5½	1 9½
Net Cost per 1,000 Population ...	133 7 6¾	143 15 0	29 19 2¾	26 0 1½
Net Cost per 1,000 Houses	469 8 3½	488 12 6	105 9 0	88 8 0
Cwts. per 1,000 population per day ...	13.44	15.82		

Under powers given by section 75 (3) of the Public Health Act 1936, the Council are considering the question of providing and maintaining a standard dustbin for general use, controlling the service by an annual charge.

#### STREET CLEANING AND GULLEY CLEANSING.

	1934-5	1935-6
Total mileage of roads cleansed ...	114.54	115.70
Net Cost per 10,000 yards cleansed ...	9/5	9/11
Net Cost per 1,000 population ...	£108/16/9½	£113/13/2
Total number of gullies cleansed (number of gullies × number of times cleansed)	22,240	21,650
Net Cost per 1,000 gullies cleansed ...	£23/0/5	£29/6/7
Net Cost per 1,000 population ...	£8/0/4	£9/13/7

The collection of trade refuse is governed by the following charges :—

#### FISHMONGERS AND BUTCHERS.

- (a) Ordinary Collection charge 15/- per annum.

#### OTHER TRADES.

- (b) Ordinary Collection charge 7/6     ,,  
 (c) ¼ cart load per week     ,, £2 10s.     ,,  
 (d) ½     ,,     ,,     ,, £5     ,,  
 (e) 1     ,,     ,,     ,, £10     ,,

Limewashing is of valuable assistance in maintaining the cleanliness of courts, enclosed backyards and alleys. It is not only of value in itself, but has a stimulating effect on the surrounding householders, who respond extremely well. The result is that the general condition of these places is distinctly complementary to the people and to the Town. The work is carried out by the Public Health Department twice yearly.

Opportunity is also taken during the school vacations to disinfect all the Elementary Schools of the Borough.

#### POPULATION AND HOUSING.

In the table below, the rateable value of £22 is taken as representing a rental of 13/- weekly, which with rates of 4/6 means a maximum inclusive rental of about 17/6. This may be accepted as the rent which a working-class family might be expected to pay for a modern house, under present conditions, if no assistance from the Exchequer or from local rates were available.

Housing Table as at December, 1936.

	Over £22 R.V.		Under £22 R.V.		Total Occupied	Total Void.	Popul- ation.	Persons per occupied House.
	Occ'd	Void	Occupied	Void.				
1932	4091	214	10928	225	15019	439	59000	3.93
1933	4134	193	12091	249	16225	442	64000	3.94
1934	4413	203	12516	155	16929	358	65000	3.84
1935	4692	283	13312	232	18004	515	66000	3.67
1936	4744	250	13978	213	18722	463	67000	3.58

These figures, provided by the Rating Department, show that since the last Report there was an addition on the books of that department of only 19 houses of a rateable value over £22 with an increase of 647 houses under that figure. Whether this is desirable municipal economics, it is not within the province of this Report to enquire.

There were 463 empty houses and a further 332 under construction at the end of the year (8 being part of a municipal scheme), while the number of new houses built in each of the last five years has been :

1932	...	...	491
1933	...	...	679
1934	...	...	919
1935	...	...	889
1936	...	...	734

The "natural increase" of the community in Poole—that is, the excess of births over deaths—is only 210 yearly, so that the continued demand for new houses appears to indicate a considerable annual inflow of new population.

*Overcrowding.* Under the terms of the Housing Act, 1935, a survey of housing for the purpose of ascertaining the degree of overcrowding in the Borough was concluded in April, 1936. In this enumeration and survey, 14,639 dwellings were inspected, and 137 crowded dwellings were ascertained. Twenty-three instances of overcrowding were found capable of rectification by internal adjustment, leaving 114 statutorily overcrowded. The table following gives particulars, showing the distribution and nature of the crowding.

Sanitary Inspector's District.	ANALYSIS OF CROWDING.																				
	Dwellings Found			COUNCIL PROPERTY.				PRIVATE PROPERTY.					Total crowding remaining to be corrected under Housing Act, 1935.						Voids.		
				Crowded under H.A. 1930, Sec. 37, and H.A. 1935, Sec. 2.	Crowded by reason of lodgers	Uncrowded if lodger removed	Remaining statutorily crowded	Crowded families	Crowded with sub-tenants			Crowded by reason of lodgers								Uncrowded if lodger removed	Remaining statutorily crowded
									Corrected by removal of sub-tenant	Remaining crowded	Rectifiable by internal adjustment										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)			
I.—POOLE ...	2442	2307	18	51	66	28	1	1	28	14	4	—	3	2	2	18	46	66			
II. BRANKSOME	4185	3978	16	40	151	2	—	—	2	20	3	1	9	2	2	25	27	151			
III. LONGFLEET	3708	3578	14	18	98	10	1	—	11	4	1	—	—	3	2	6	17	98			
IV. PARKSTONE	2482	2357	6	5	114	—	—	—	—	3	—	—	2	—	—	3	3	114			
V. CANFORD	1822	1697	9	23	93	16	—	—	16	5	—	—	—	2	2	5	21	93			
	14639	13917	63	137	522	56	2	1	57	46	8	1	14	9	8	57	114	522			



By December, 1936, overcrowding in privately-owned houses had been reduced to 34, while of properties in Corporation ownership the net position remained as at April, 1936.

*Re-housing.*—Under the Housing Act of 1930, a five-year scheme of re-housing covered

- (a) 3 Clearance Areas, comprising 66 houses ;
- (b) 1 Improvement Area, covering 235 houses, of which 163 were for demolition ;
- (c) 57 individual unfit houses.

The occupiers of the three Clearance Areas and of the 57 individual houses were re-housed in 1935.

Proposals for dealing with the Improvement Area were submitted to the Ministry in June, 1934, but in view of the re-modelled legislation of the Act of 1935, these were revised with a view to submission as a Re-development Area.

The position as at December, 1936, was that the Ministry had confirmed, in October, 5 small Clearance Orders and 3 Compulsory Purchase Orders made by the Council in May, 1936.

The 5 Clearance Orders covered 14 houses, and the 3 Compulsory Purchase Orders included 36 houses. These small areas form the "fringe" of the original Improvement Area. Proposals for dealing with the "central" zone are now in preparation. These are a matter of some urgency, as conditions under which the bulk of the occupiers are living are definitely below any tolerable standard.

The remainder of the Old Town not yet officially represented will probably show a further 450 houses to be submitted for clearance. These are at present being scheduled in detail.

### HOUSES LET-IN-LODGINGS.

*Houses Let-in-Lodgings.* Prior to the current high rate of room rentals, which has rendered the Byelaws with respect to these houses inoperative, there were 8 on the Register. 55 visits were paid.

*Common Lodging Houses* number 3, two in St. James area and one at Branksome. These can accommodate 76 men and are situate

24 West Street, Poole	...	35 beds
3 Strand Street, Poole	...	25 beds
23 Alcester Road, Parkstone		16 beds

They were visited 115 times.

### SHOPS ACT, 1934.

This act came into force on 30th December, 1934. As in this Borough the Shops Authority and Sanitary Authority are the same body, it has been agreed that all the supervisory duties relating to the health and comfort of shop workers enumerated in Section 10 of the Act shall be carried out by the Public Health Department.

These include the provision and maintenance by the occupier of suitable and sufficient ventilation, heating, sanitary conveniences and lighting, and facilities for washing and meals.

Pressure of other responsibilities amongst the existing Sanitary Inspector Staff has militated against the carrying out of the systematic survey, record, and subsequent continuing inspection duties necessary, but where instances calling for improvement have been met, they have been dealt with.

### **PUBLIC BATH, BATHING AND SWIMMING FACILITIES.**

*Sea Water.* The exceptional facilities for natural sea-bathing provided at Sandbanks are enhanced by one of the finest Bathing Pavilions in the country.

The Seldown sea water swimming enclosure adjacent to the Poole Park affords another useful public recreational centre, and is a valuable addition to the attractive open-air undertakings of the Town.

There is also a free open-air tidal swimming enclosure on the foreshore of the Harbour at Baiter, of which full advantage is taken in the summer months.

*Fresh Water Baths.* These are situated in rather limited space, close to the Guildhall, and consist of five cubicles, with lavatory accommodation. Special facilities are provided for Elementary School Children, on two days weekly, at a nominal charge of one penny.

In 1924, a total of 5,387 adults and 1,680 children used these Slipper Baths. In 1936, these have dropped to 3,221 and 605 respectively. This decreasing use may be influenced by the number of houses with bath accommodation which have been built during the same period.

### **RAT CONTROL.**

Poole being a Port, both the rarer Black Rat and the commoner open-air Brown Rat are liable to be found in the Borough. The obligation to deal effectively with rats falls, under the Rats and Mice (Destruction) Order, 1919, upon the owner or occupier of premises infested with them. To assist in the clearing of premises harbouring these rodents, a charge of 3/6 is made. It is the custom to revisit the premises and grounds the day after baits are laid, to collect unused baits, and every precaution is taken to prevent domestic animals from gaining access to the material used. A leaflet of advice and warning is also delivered at each place dealt with.

Baiting, trapping, smoking-out, carbon-monoxide gassing, have been used as considered most appropriate. 214 visits were paid to Corporation places, and 304 to private properties, and 165 rats were obtained dead or trapped, and it is known that others must have succumbed to gas.

The aviary at Poole Park still remains an attraction to rodents, 60 being caught in its vicinity.

Any figures dealing with rat control are bound to be hypothetical, as the actual dead rats openly discovered are not accurate indication of the number that have fallen victim.

The Ministry's Rat Week posters were exhibited throughout the Borough, large posters on hoardings, and smaller posters displayed in selected shop-premises. The Ministry's bulletin and pamphlets are kept on free distribution all the year round.

### **MOSQUITOES, WASPS, ETC.**

The system of spraying the fresh water lakes, ponds and watercourses with paraffin for the destruction of mosquitoes and their larvae was continued.

Between April and September, the hottest period of the year, periodical visits were made to infested places requiring attention.

298 gallons of paraffin (with 2% castor oil) were used, in 118 visits.

This is an effective and economical procedure. Some proprietary emulsions tried out have proved likely to be too expensive for extended use.

### **SMOKE ABATEMENT.**

In a Borough such as Poole, with its possibilities as a recuperative resort, each householder should recognise that his own personal effort in the matter is essential to progress. Excess of smoke distributed in the air of a town means liability to fog. Fog is commonly due to the particles of soot and other suspended matter collecting a coat of moisture and settling in a dense mass, irritable to a healthy chest, and seriously undermining the weak.

During the year 232 observations were made. 49 breaches were noted. A caution was required against 9 users, and in others improvement was effected by advice and co-operation.

### **DISEASES OF ANIMALS.**

No "infected area" precautions on account of foot-and-mouth disease have been called for during the year.

The total number of pig-keepers is 174. To these, 169 visits have been paid by way of precautionary measures. Fourteen suspected cases of swine fever were investigated and reported to the Ministry of Agriculture, who confirmed 4. These involved the death or slaughter of 295 pigs.

### **FOOD.**

In addition to the ordinary inspection of foodstuffs and meat, certain important Regulations lay down lines of action which the Inspectors of the Department follow in safeguarding the public in the matter of the maintenance of Dairies, Cowsheds and Milk-

shops, the Sale of Milk and Cream, the Sale of Food and Drugs, the control of Slaughterhouses, etc.

111 formal samples of Milk were taken for analysis. 11 of these were found to be adulterated. 9 vendors were cautioned, and two prosecutions were taken, one resulting in a fine, the second being still *sub judice*.

158 other varied samples were reported as genuine.

Opportunity was taken in the Laboratory to examine for extraneous solid matter—otherwise “dirt”—some of the samples of milk submitted for report.

The 12 samples examined were classified as follows :—

EXTRANEOUS MATTER IN PARTS PER 100,000		
Clean	Satisfactory	Dirty
(0—10)	(10—20)	(over 20)
8	1	3

There are no underground Bakehouses in the Borough.

All butchers' shops comply with the Regulations requiring provision of suitable window - shutter facilities.

Table G enumerates the samples taken by the Inspectors under these Acts, and subjected to analysis as to genuineness or presence of preservative.

The report of the Borough Analyst on his work for the year is appended.

During the year ending 31st December, 1936, 269 samples were submitted under the Sale of Food and Drugs (Adulteration) Act, 1928.

Of the 267 Formal Samples submitted, 11 were adulterated, showing a percentage adulteration of 4.12. This is a slight decrease when compared with the figures given in my last annual report.

Of the Milks submitted, 100 were genuine and of good quality. The average composition of these was Fat 3.63 per cent., and Non-fatty Solids 8.77 per cent., which is very satisfactory. Of the adulterated samples of Milk, seven were deficient in fat to the extent of 20, 7, 7, 7, 4, 4, and 2 per cent. respectively, and four contained extraneous water to the extent of 6, 2, 2 and 1.5 per cent. respectively.

All the 31 samples of Butter were genuine and of good quality. They contained less than the allowed percentage of water, and were free from foreign fats and preservatives.

The 18 samples of Tea were genuine and of good quality. They all yielded a good percentage of extract, and were free from exhausted and foreign leaves.

The 13 samples of Lard were genuine and of good quality, they were free from moisture and the addition of foreign fats.

The 8 samples of Fish Paste were genuine, and were free from the addition of preservative, harmful colouring matter and metallic contamination.



The 8 samples of Self-Raising Flour were genuine, and contained the due proportion of self-raising ingredients.

The 6 samples of Cocoa examined were found to be genuine. They did not contain any undue amount of alkali or shell.

The 5 samples of Malt Vinegar were genuine and of good quality, and were up to the standard as regards Acetic Acid in each case.

The 5 samples of Margarine were genuine. They did not contain an excess of moisture or butter-fat.

Of the samples of Sausage submitted, 5 were genuine and free from preservatives, and 5 submitted as Preserved Sausage, were genuine and contained less than the permitted quantity of Sulphur Dioxide.

The 4 samples of Tinned Peas were genuine. They were free from copper and the addition of harmful colouring matter.

The 4 samples of Pepper examined were genuine and of good quality.

The 4 samples of Rice were genuine, and free from the addition of talc or other "facing."

The 4 samples of Demerara Sugar were genuine and free from the addition of harmful colouring matter.

The 3 samples of Cheese were genuine and of good quality.

All the other samples were genuine and of good quality.

R. PENDRILL CHARLES, M.D., F.I.C.

## FOOD POISONING.

There was occasion to make two investigations in cases of suspected food poisoning. The first, in May, occurred in a public Institution in Longfleet. A party of three had partaken of certain food while on visits out of the Borough; veal and ham pie, egg and cress sandwich, and tomato sandwich were partaken of, the last only by the one person who became ill. Laboratory test of the patient's blood proved the illness to be paratyphoid B. fever, but there was no supporting evidence to incriminate any particular food.

The second instance was on 25th August, when the three members out of a family of five, who had partaken of veal and ham pie, became acutely ill three hours later. They were kept under observation at hospital, but the acute gastro-enteritis passed off rapidly. Specimens of the pies were sent to the Ministry of Health for analysis, and the unsold stock of pies was surrendered. No further developments ensued.

## MILK AND DAIRIES (AMENDMENT) ACT, 1922.

The number of dealers in milk operating in the Borough is as under :—

Description.	As at 1935	Regis- tered in 1936	Rmvd. from register	Total
Retail Purveyors ...	87	10	6	91
Purveyors of Bottled Milk only	125	39	15	149
Wholesalers and Producers ...	33	2	4	31
<i>Licences under Special Designations :—</i>				
To sell Certified Milk ...	3	—	—	3
Grade A (Tuberculin Tested) Milk ...	2	—	1	1
Grade A Milk ...	2	—	—	2
Pasteurised ...	5	7	—	12
Accredited Milk (Supplementary)	—	1	—	1
Pasteuriser's Licence ...	—	1	—	1

### LIST OF ADOPTIVE ACTS, LOCAL ACTS, ETC.

#### *Adoptive Acts.*

- The Infectious Diseases (Prevention) Act, 1890.
- The Public Health Acts (Amendment) Act, 1890.
- The Public Libraries Acts, 1892 to 1901.
- The Baths and Wash-houses Acts, 1846-1899.
- The Private Street Works Act, 1892.
- The Notification of Births Act, 1907.
- The Public Health Acts (Amendment) Act, 1907 :
  - Part II. Sections 15-23, 25-27, 29-33.
  - Part III. Sections 34-50.
  - Parts IV-VI.
  - Part VII. Section 81.
  - Part VIII. Part X.
- Public Health Act, 1925 : Parts II-V.

#### *Local Acts.*

- Poole (Extension Order, 1905.
- Confirmed by the Local Government Boards' Provisional Orders Confirmation (No. 12) Act, 1905.
- The Poole Corporation Water Act, 1906.
- The Poole Corporation Act, 1919.
- The Poole Corporation Act, 1928.

#### *Bye-Laws.*

<i>Date of Approval.</i>	<i>Subject.</i>
9th November, 1899.	Parks and Pleasure Grounds.
29th October, 1890.	Pleasure Boats and Vessels.
20th December, 1895.	Whirligigs and Swings.
20th December, 1895.	Sanitary Conveniences.

<i>Date of Approval.</i>	<i>Subject.</i>
28th April, 1896.	Telegraph and other Wires.
1st May, 1896.	Common Lodging Housing.
4th May, 1896.	Slaughterhouses.
24th December, 1896.	Nuisances.
27th February, 1901.	Pleasure Grounds.
4th August, 1905.	Section 74 of Education Act, as amended.
7th December, 1905.	Pleasure Grounds.
11th January, 1907.	Cemeteries, Management of
13th November, 1907.	Good Rule and Government.
8th June, 1909.	Shop Hours Act, 1904 (Closing Order).
6th July, 1911.	Houses Let in Lodgings.
14th August, 1911.	Public Bathing.
1st November, 1911.	Water, Preventing Waste, etc.
19th November, 1914.	Locomotives.
21st January, 1915.	Street Trading.
5th June, 1917.	Sale of Coal.
6th March, 1925.	Omnibuses.
18th May, 1925.	Nuisances.
14th April, 1926.	New Streets and Buildings.
24th January, 1927.	Pleasure Grounds.
16th August, 1927.	Hackney Carriages.
16th August, 1927.	Omnibuses.
7th October, 1927.	Slaughterhouses.
6th March, 1934.	Tents, Vans, Sheds, etc.
4th February, 1935.	Good Rule and Government and Nuisances.
3rd May, 1935.	Employment of Children, and Street Trading by Young Persons.
1st July, 1936.	Pleasure Grounds.

#### *Regulations.*

Cemeteries.  
 Dogs Order, 1906.  
 Dairies, Cowsheds and Milkshops, 1908.  
 Drains of Buildings with Sewers, Connection of.  
 Fire Brigade.  
 Parks, Persons Using.  
 Bowls, Game of.  
 Tennis, Game of.  
 Education Committee, Constitution of.  
 Grammar School, Government of.  
 School of Art, Government of.  
 School Managers, Guidance of.  
 Parking of Cars, 1933.  
 Nursing Homes, 1933.  
 Poole Sheep (Double Dipping) 1933.

### **POOLE CORPORATION BILL, 1937.**

This "omnibus" Bill originally included three items immediately pertinent to the public health. These were a requirement that bread should be "wrapped," that ice factories as well as ice cream makers should be registered, and that all milk and cream for sale in the borough should be pasteurised.

The first of these was deleted at a Public Meeting, at which the bakery industry led the opposition.

The introduction of an attempt to control the water supply used in the manufacture of ice is the result of failure to find in any Public Health Regulation the obligation to have a water supply of any kind in any kind of factory. It has been decreed that ice in itself is not a food. But, though ignorant of the standard of water used in its making, we give it to the sick to suck—to the sick who are too ill to take any kind of food. It is seen at the dinner table amongst the oysters, in the coffee, in lemonade and other beverages, with possible unexpected germs revived to full activity by its dissolution.

The endeavour to obtain legislative powers to control the sale of milk and cream by the requirement of prior pasteurisation is the direct outcome of the unfortunate crisis in the public health which was experienced in the autumn of the year by the milk-borne outbreak of typhoid fever. An attempt by Local Authorities to get such power has not so far met with success, but it is hoped that this last tragic testimonial to its justification will ensure its appointment to the Statute Book.

### **LOCAL GOVERNMENT SUPERANNUATION ACT, 1922.**

Medical examinations were carried out and reports made on fitness in the case of 33 candidates for designated posts in the Corporation service. Twenty-eight passed the test satisfactorily, 2 were passed subject to a slight qualification, and three were rejected.

Of 7 previously examined and referred for re-examination, three were passed and four were rejected.

### **AIR RAID PRECAUTIONS: TREATMENT OF CASUALTIES.**

This latest responsibility to be put on the shoulders of the Medical Officer of Health— by general suggestion, if not by statute—is, it is to be hoped, of a temporary nature. Unfortunate as the necessity may seem, the contingent emergency has to be prepared for, on the assumption that preparedness will be the best preventive. Voluntary co-operation being the foundation, it would appear that the Medical Officer of Health is to have the function of a voluntary "D.D.M.S." and also to recruit his personnel. This must be from amongst elements in the population who would not



be required for other obligations. His available recruiting field, therefore, is not an open one. He must also do his best with the available buildings and materiel.

His constructive efforts, with the collaboration of the Council, have to be exerted in the provision of

- (1) First Aid parties and equipment ;
- (2) First aid and decontamination posts and equipment ;
- (3) Ambulances, personnel and equipment ;
- (4) Decontamination of clothes, etc., by laundry services ;
- (5) Casualty clearing hospitals, personnel and equipment ;
- (6) Base hospitals, personnel and equipment ;
- (7) Administrative control.

These, and other pertinent matters, are at present receiving attention by way of a skeleton scheme, as part of the activities of a Joint Committee of the three contiguous towns of Poole, Bournemouth and Christchurch.

## **INFECTIOUS DISEASES.**

### **Control of Infectious Diseases.**

The Borough Public Health Laboratory examines free of charge all pathological and bacteriological specimens submitted by medical practitioners, Health Visitors, School Nurses or Hospitals, the report being telephoned where urgency is of importance. Particulars of work done in this sphere will be found in the portion of the Report dealing with the Laboratory. As the Medical Officer of Health is also School Medical Officer, Medical Officer under the Maternity and Child Welfare Scheme, Port Medical Officer, Superintendent of the Fever Hospital, Director of the Laboratory, and Honorary Pathologist to the Cornelia Hospital, he is thus enabled to keep himself in intimate personal touch with illness, which it would be impossible to maintain in a town of larger population.

Absentee Reports from the School Staffs are checked and followed up by the School Nurses and School Attendance Officers ; and systematic swabbing of sore throats and discharging nostrils, both at home and in the School Clinics, is a valuable aid to checking a school outbreak, as often an unsuspected case is thus disclosed and spread prevented.

Diphtheria cases, after two weeks at home, on discharge from Hospital, and before returning to school or business, are requested to report to the Health Department, and two consecutive negative Laboratory reports are obtained before release from observation. By this means the number of undetected persistent convalescent carriers is reduced to a minimum. The futility of reliance on the result of only one swabbing is clearly recognised.

During the year 1,066 swabs were taken by the Public Health Staff in connection with diphtheria cases, carriers and suspects, and in "following up" convalescent cases after discharge from hospital.

Diphtheria antitoxin is available free to medical practitioners on application to the Public Health Office, on certificate of emergency.

The Health Visitors, by the operation of the Notification of Births Act, are able to track out such infantile conditions as Ophthalmia, Pemphigus and Erysipelas.

For the cleansing and disinfection, and disinfection of verminous persons and their belongings, Alderney Hospital is equipped with baths and steam disinfectors.

The disinfection of premises, after infectious illness, is carried out by the Department's employees under the supervision of the Sanitary Inspectors.

### **Control of Diphtheria by Immunisation.**

As this is an aspect of Preventive Medicine proper, reference is made to it here. A fuller exposition, as it affects primarily the School Medical Service, will be found in that section of this Annual Report.

Propaganda is maintained by taking advantage of every opportunity of coming into contact with parents at School Medical Inspections, Minor Ailment Clinics, Dental Clinics, Child Welfare Centres, Health Talks, etc.

Advisory slips are enclosed on all occasions for correspondence in any of the above connections.

The Immunisation Clinic was started in October, 1929, in the midst of a virulent wave of diphtheria which could almost be called from its wide distribution a pandemic. In Poole the wave cost 26 young lives before it spent itself in the Spring of 1931.

The table opposite gives in detail the progress of the campaign up to the end of 1936. Summarised, the protected children under 5 years were 894, between 5 and 10 years, 1,659 and of 10 years and over 881, together with 264 who apparently did not require protection. It will be noticed that the popular age for protection has been the years from 5 to 10. These are certainly very susceptible years, and the anxiety of parents of children of these years is reflected in the figures. But it is to be remembered that of the 26 deaths referred to above, 10 were of children *under* 5. We have always in our midst from year to year 4,500 youngsters under 5, yet in over 7 years only 894 of this tender flock have been protected. Past experience of "waves" of diphtheria in other countries has shown that until a much larger proportion of the children is protected we will not reach the result at which we are aiming, namely, to turn back an approaching outbreak at the town's gates.

PROTECTION AGAINST DIPHTHERIA. TOTALS DEALT WITH SINCE INCEPTION OF SCHEME.

Year	Under 1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—6 yrs.	6—7 yrs.	7—8 yrs.	8—9 yrs.	9—10 yrs.	10—11 yrs.	11—12 yrs.	12—13 yrs.	13—14 yrs.	14 & over	Total	Primary Schick negative	Total dealt with
1929	—	5	9	17	8	14	13	13	9	21	13	8	9	6	3	148	11	159
1930	3	17	28	22	36	60	58	99	101	113	83	57	54	56	23	810	48	858
1931	3	11	14	16	32	19	25	27	21	27	31	31	18	9	8	292	27	319
1932	—	11	13	12	19	21	18	18	11	13	20	13	11	3	7	190	18	208
1933	—	15	19	24	22	30	29	19	12	22	25	24	12	3	3	259	40	299
1934	—	35	15	16	33	48	27	35	32	29	18	23	15	17	6	349	47	396
1935	1	50	33	44	40	55	59	40	37	35	23	25	13	9	4	468	26	494
1936	14	76	56	57	68	101	82	105	95	66	65	53	43	25	12	918	47	965
Total	21	220	187	208	258	348	311	356	318	326	278	234	175	128	66	3434	264	3698

The method of protection has now been so perfected that two visits to the clinic at one month's interval are all that is required.

The last column of the table shows the inevitable falling-off after the excitement of the earlier outbreak. But the interesting point is that, without serious diphtheria being present to act as a stimulus, the last four years have shown a steady increase, the result only of patient and persistent exhortation and explanation at all opportunities. It is earnestly to be hoped that the parents of younger children will take advantage of this service in still greater numbers.

Amongst the unprotected there have been during the year 29 cases and carriers, with 4 deaths.

**Typhoid Fever.** In August an unfortunate outbreak of typhoid fever occurred in the district. It was associated with a wide radius of bulked-milk consumption covering the greater part of Poole, Bournemouth and Christchurch, from one particular milk distributor. The total daily output from this source at the time was about 1,600 gallons, collected from several dairy farms in East Dorset, and owing to the holiday period during which the apex of the infection occurred, many temporarily resident families from other parts of the country were affected.

Suspicion aroused by the occurrence of unaccountable high fever in several families reported by practitioners on 20th August led to the first notification in Poole on 21st August. It was ascertained that there was a common milk supply in all known instances. The Medical Officer of Health therefore considered it advisable to wire the Ministry of Health acquainting them of the outbreak and asking for assistance to investigate. Dr. W. Vernon Shaw arrived in Poole on the forenoon of 22nd, confirmed the facts of the outbreak, and the milk supply under suspicion was subjected to heat treatment before that afternoon's delivery. Subsequent events amply justified this step, and the rapid decline in the numbers notified—allowing for the expected incubation period—afforded one more instance, though at a tragic cost, of the efficacy of the pasteurisation of milk, and its desirability as a general practice.

For Poole the official figures of the outbreak, as given in the Registrar-General's returns, were:—

Week ending 22nd August	...	...	25
"      29th	"	...	108
"      5th September		...	54
"      12th	"	...	4
"      19th	"	...	6
"      26th	"	...	8

Total : 205.

Official investigation into the primary cause of contamination of this extensive milk supply was carried out in the field by Drs. Vernon Shaw and Conybeare, of the Ministry of Health, in collabora-



tion with the Health Department under the Deputy Medical Officer of Health, Dr. Chesney, while the Medical Officer of Health concentrated his attention on the administrative, hospitalisation and clinical aspects.

The details of the investigation are the subject of a Report by the Ministry of Health which is in course of preparation. No attempt, therefore, is made now to enter into this enquiry. It is with great regret that reference has to be made to the untimely death of Dr. Vernon Shaw, while still engaged on a task which, from his exceptional experience, he had made peculiarly his own.

The age and sex distribution of the 205 cases were as follows :

			<i>Male</i>	<i>Female</i>
0— 5	...	...	15	14
6—10	...	...	15	15
11—15	...	...	14	15
16—20	...	...	15	17
21—30	...	...	9	21
31—40	...	...	6	20
41 and over	...	...	7	22
			<hr/> 81	<hr/> 124

205

It will be observed that the majority of cases were amongst children and adult women, there being only 22 cases of men over 21 years of age.

Of these, 192 were admitted to hospital during the outbreak, together with 4 cases from Christchurch. Amongst the 196, 12 deaths occurred, this giving a rate of 6.1 per cent. of hospital-treated patients.

A further undiagnosed case, who had been confessedly ill at home for three months, was admitted on 20th November, and died on the fourth day, after perforation.

Twelve cases in 9 families were treated at home, with three deaths. A further 2 deaths of residents were "inward transfers," the deaths occurring in Bournemouth, though the illness was contracted in the Borough. In one of these, the death was not attributed to typhoid fever, but this was in fact the primary cause.

The total loss was therefore 18 lives in 207 cases, giving a death rate of 8.6 per cent.

The steps taken to expand the Hospital to meet the emergency were the subject of the following Report to the Ministry, by request :

On the 21st August, 1936, the Hospital contained 28 effective beds on accepted space standards, in three wards, of which two were occupied by 16 scarlet fever cases, 4 diphtherias, and 1 puerperal fever. The nursing staff available was eleven. Two motor ambulances were in service.

On this day, one case of typhoid fever was notified. Suspicion of other cases led to the Medical Officer of Health wiring at 9.35 a.m., to the Ministry of Health for assistance in investigation.

During the 22nd, twelve further cases were ascertained. Instructions were sent to the Matron to be ready to accept cases of typhoid fever. Between 2 p.m. and 9 p.m. the same day, thirteen cases were admitted, and re-adjustments of other patients in Hospital enabled a second Ward to be cleared for further calls. Evacuation of non-typhoid patients was also commenced and completed by 5th September, with the exception of one Christchurch child which had been admitted on 20th August to the scarlet fever ward with that diagnosis, and was later found to be also incubating typhoid fever. This was in fact the first typhoid patient.

The permanent domestic staff of the Hospital at this time was 8, with ambulance driver, gardener and engineman. It was obvious that an emergency of some magnitude had to be met, and that an immediate and drastic expansion both of ward and administrative personnel and material must be provided for, including facilities for surgical intervention. The Hospital was provided with gas only. The sewage system was Dibden's slate beds, quite incapable of coping with the expected demands. The laundry capacity, though machine-driven, was limited to about 50 patients and staff. The total staff bedroom accommodation, nursing and domestic, was 24. The kitchen accommodation was the original kitchen of the Resident Nurse-Caretaker of 48 years before.

A Special Meeting of the Health Committee was held on the morning of 25th August, when the Medical Officer of Health was given authority to take all steps which he considered necessary to deal with the situation. The Borough Engineer immediately co-operated. A temporary ward-block, on plan submitted by the Medical Officer, capable of accommodating 40 patients, with gas heating and lighting, hot and cold water supplies, sanitary annexes appropriate for the nature of the infection; the conversion of a small ward in the only permanent block into an operating theatre, electric current being, of necessity, led in from the main road for theatre lighting, extension of the sewage treatment system and sterilisation by chlorine, were put under way the same day.

Pending the building of the first temporary block, an old ward used as a store since 1929 was reverted to its original purpose, equipped, and was receiving patients on 27th August. By the evening of 28th August, 74 patients had been admitted, one of whom gave birth to a healthy baby on that morning, under Matron's supervision. Twenty-six patients were warded on this day by the two ambulances.

The new block was handed over by the Borough Engineer on 1st September, and by the afternoon the wards were equipped and were receiving patients. On 4th September there were 133 patients in Hospital, out of 151 notifications.

On completion of a second new block on 7th September, 25 patients were admitted during the day, these representing all cases notified up to and including that day, leaving a residue of 15 "objectors" still out of Hospital.

If the principle of isolation of *all* cases were to be carried out, some further accommodation was likely to be required, as well as additional nursing personnel. Accordingly, a third new block was decided upon on 7th September. It was first intended that this should be a children's block, but as plans and specifications were already available as for new blocks 1 and 2, and undesirable delay would result from a change of plans, Block 3 was commenced on 7th September on the same lines as 1 and 2. On the 6th September, 5 temporary sleeping quarters for 10 extra nursing staff were also put in hand. These latter were in occupation by the 8th.

It was early found that with the noise of structural changes and continual traffic to be expected, the calling into use of the vacant Smallpox Hospital

at Baiter for day sleeping quarters for the night staff was desirable. This was readily practical and immediately carried out, by provision for 16 nurses, who were transported to and from duty by the two ambulances. By this means, *all* nursing personnel were kept under Hospital discipline throughout, up to a total maximum of 62.

At the same time, the domestic staff was augmented gradually, partly by resident and partly by daily maids, from the original 8 to a maximum of 27.

The Laundry capacity was increased by a Calendar Room and a second hydro-extractor, the calendar being a spare one from a local laundry. The hydro-extractor was belted on to the existing engine, but this was not powerful enough to drive the calendar as well. Additional power was therefore obtained from a 12 h.p. motor lent by a local Company, the electric cable being led in from the main outside the Hospital.

The surgical and medical personnel, which ordinarily consisted of the Medical Officer of Health as Medical Superintendent with the Deputy Medical Officer of Health as Relief, with otorhino-laryngologist, general surgeon, gynaecologist, and anaesthetist as consultants on call, was augmented temporarily by two men of considerable fever experience, three surgeons on daily call, a cardiologist, and an Assistant Medical Officer kindly lent by the Dorset County Council. The Medical Superintendent, in addition to general supervision, undertook night responsibilities on "sleeping duty" at the Hospital.

The Municipal Public Health Laboratory proved of valuable service in assisting diagnosis by preliminary examination of bloods, stools and urines, and also, prior to discharge of patients, by testing out stools and urines to minimise risk of carriers.

Throughout the earlier stages of the outbreak the Medical Officer of Health had the advantage of the experience and advice of Dr. W. Vernon Shaw, of the Ministry of Health, to whose painstaking investigations and help he wishes to pay unstinting tribute.

## Hospitals.

*Baiter Hospital*, on the Baiter Peninsula in Poole Harbour, is kept reserved for Smallpox cases. It has 20 beds (official capacity, 10) with an experienced Nurse as Resident Caretaker. It was opened during the year for dormitory purposes during the Typhoid outbreak.

*Alderney Hospital* is situated in a very healthy position 200 feet high, near the landward boundary of the Borough, on gravel soil. Its official capacity is 44 beds, and it consists of 6 blocks with administrative buildings, disinfecting station, and two motor ambulances.

Particulars of the actual condition, age, etc., of the constituent ward blocks were included in the Report for 1932.

The Scheme for hospitalisation of infectious diseases in East Dorset drawn up by the County Council under the Local Government Act, 1929, and approved by the Ministry of Health in 1932, allocates a minimum of 74 beds for the 100,000 population of the area.

No advance was made during 1936 towards the development of the Scheme.

*Training of Nurses and State Registration.* During the year 4 probationer nurses entered for and passed the First State Examina-



tion for the qualification R.F.N., and were transferred for their final year's training to the Cardiff Hospital for Infectious Diseases in accordance with the Affiliated Scheme of Training in force.

*Admissions.* During the year 360 cases were admitted, compared with 223 in 1935. Of these 284 were Borough cases, 6 from Wimborne Minster, 1 from Wimborne and Cranborne Rural District, 1 from Wareham Borough, 22 from Wareham and Purbeck Rural District, 11 from Swanage, 32 from Christchurch Borough and Ringwood Rural District, and 3 from military stations in the County.

There were 17 deaths, all being cases belonging to the Borough. Thirteen of these were due to typhoid fever, 2 to severe faucial diphtheria, and 2 to broncho-pneumonia, complicating measles.

Table H gives further particulars of the admissions, and Table I summarises the notified infections by age incidence.

*Disinfection.* The steam disinfector is of the jacket type, working up to 40 lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham.

### TUBERCULOSIS.

The Dorset County Council is the Local Authority for the prevention and treatment of Tuberculosis.

Particulars are given below of the position as regards the incidence of the disease for recent years.

Year	First Notifications		Formerly notified new residents.		Deaths.	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1925	59	18	12	1	33	6
1926	50	10	13	—	46	5
1927	54	8	16	—	36	6
1928	45	11	6	1	32	9
1929	62	11	4	—	30	5
1930	61	14	3	1	48	6
1931	55	28	8	—	48	12
1932	49	9	9	—	38	7
1933	59	20	15	—	39	12
1934	43	16	9	5	32	6
1935	47	14	12	—	52	3
1936	46	20	—	1	38	9



For the year under review, the details are as follows :—

Age Period	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 -	—	—	2	—	—	—	1	—
1 -	—	—	3	1	1	—	—	1
5 -	—	—	5	2	—	—	1	3
15 -	5	5	3	3	2	2	—	1
25 -	6	2	—	—	6	5	—	—
35 -	8	5	—	—	5	1	—	1
45 -	4	3	1	—	6	1	1	—
55 -	4	3	—	—	6	1	—	—
65 & upwards	—	—	—	—	—	—	—	—
	—	1	—	—	—	2	—	—
Totals	27	19	14	6	26	12	3	6

Of the deaths from the respiratory form :—

15	had been notified during	1936
8	" " "	1935
2	" " "	1934
3	" " "	1933
1	" " "	1932
1	" " "	1930
1	" " "	1928
1	" " "	1921
1	" " "	1919
1	" " "	1899
3	" " "	year uncertain.

It will be seen above that the majority of both new cases and deaths in pulmonary tuberculosis occur under the age of 45, the greatest toll being taken between 25 and 45—years which should be the “prime of life.” Can we say that, since the abnormal years of war, the years of life granted to tuberculous subjects are being increased.

The table following gives in age groups the total deaths during the past 15 years. It also shows the fluctuation in five-year periods of the survivals beyond 45 years of age.

Year	Under 5 years	5—15 years	15—25 years	25—45 years	Total under 45 years	Over 45 years	Total Deaths	Percentage surviving 45 years. (5 year average)
1921-25	2	8	50	99	159	66	225	29.3
1926-30	2	5	30	101	138	54	192	28.1
1931-35	1	8	35	92	136	72	208	34.6
1936	1	—	4	17	22	16	38	42.1

The survey is a brief one, and the total numbers dealt with are small, coupled with the welcome fact that tuberculosis is now playing a less important part in the death rates, but indication is found that in pulmonary tuberculosis life is being slightly prolonged.

The proportion of notified and non-notified pulmonary cases dying in recent years has been as follows :—

	1929	1930	1931	1932	1933	1934	1935	1936
Previously notified	27	43	45	37	38	32	51	38
Not notified	3	5	3	1	1	0	1	0
Total	30	48	48	38	39	32	52	38

Of the 9 non-pulmonary deaths, 5 were due to meningitis, 2 were abdominal, one bone and one renal.

Occasion has not arisen during the year for applying the operation of Section 62 of the Public Health Act, 1925 (compulsory removal to hospital of certain cases of pulmonary tuberculosis), or of the Public Health (Prevention of Tuberculosis) Regulations 1925, controlling tuberculous subjects in the milk trade.

### CANCER AND RADIUM.

Since the war an intensified campaign against malignant disease, especially against cancer, has been fostered by the Ministry of Health, and carried out with general support, though of necessity with varying prospects, owing to varying local facilities.

As the main purpose of all treatment is the postponement of death, we may focus our attention for the moment on the incidence of malignant disease in Poole, and its result in this respect, over the last fifteen years.

The following figures show the proportion, in five-yearly averages, of persons dying from malignant disease of all natures, who had reached 65 years of age, in the quinquennia 1921 to 1935.

Year.	CANCER	GENERAL DEATH RATE
	% of deaths over 65 years	% of deaths over 65 years
1921—25	46.8	44.9
1926—30	54.2	49.6
1931—35	57.4	52.6
1936	59.8	55.6

Too much cannot be deduced from this apparently promising result over such a short period as fifteen years. Malignant disease is not notifiable, so we cannot say whether a greater number actually develop the condition at an older age than before, or whether it is taken in hand at an earlier stage than before and that death is in fact being postponed because of earlier diagnosis and active treatment.

Taking all risks of disease and accident into account, we are becoming an "older" population, so that unless figures like the above agree over much larger numbers than Poole is able to show, we have probably no tangible deduction to make.

It can, however, be suggested that the above figures *are* better than other averages, if only to stimulate the study of analogous comparison elsewhere.

Through the instrumentality of Mr. Gordon Luker, the Gynaecologist on the Honorary Staff of the Cornelia and East Dorset Hospital, one hundred milligrams of radium in containers of varying strength have been put at the service of the General Hospital. Use is made of this valuable adjunct both in malignant and in non-malignant gynaecological conditions, as well as in malignancy in other situations.

### **BLIND PERSONS ACT, 1920.**

Care of the blind of Poole under this Act is a function of the County Council who work in co-operation with the Dorset County Association for the Blind.

Of children blind or partially blind under 16 years there are 8 under the supervision of the Education Committee, viz. :—

2 girls over ordinary school age, at home.

2 girls of school age, at home, receiving specialist treatment.

3 girls at a residential school or home.

### VENEREAL DISEASES.

Administration and treatment is in the hands of the County Council. A clinic in the Borough itself is very necessary and is under consideration. At present the nearest available Centre is at the Royal Victoria Hospital. No alteration in this respect has been effected during the year.

The number of patients who attended the Clinic registered as resident in the Borough of Poole has been 139 in 1931, 160 in 1932, 146 in 1933, 195 in 1934, 183 in 1935 and 175 in 1936.

It will be noticed that 24 cases did not complete treatment.

Two cases of syphilis and 11 of gonorrhoea ceased attendance after completing treatment, but before tests as to cure could be carried out, and 17 cases were transferred to other clinics, making a total of 175.

Sex	Syphilis			Gonorrhoea			Diag- nosed as Non- Venereal
	Treat- ment com- pleted	Ceased attendance before completion of treatment	Still under treat- ment	Treat- ment com- pleted	Ceased attendance before completion of treatment	Still under treat- ment	
M.	2	8	16	9	7	16	19
F.	4	4	23	7	5	12	13
	6	12	39	16	12	28	32

### BOROUGH PUBLIC HEALTH LABORATORIES.

The sphere of gratuitous utility of the Public Health Laboratories includes the Hospitals in the Borough, the Medical Practitioners of the Borough, the School Medical Service, the Maternity and Child Welfare Service and the Food Inspectors.

For reports on materials coming from outside the Borough small charges are made.

Charges are also made for special work, such as preparation of vaccines, bacteriological tests of water samples, etc.

The Laboratories are approved by the Ministry of Agriculture and Fisheries as a pathological institute for the purposes of examinations in connection with Tuberculosis in Animals (Tuberculosis Order of 1935).

### LABORATORY EXAMINATIONS, 1936.

#### *Diphtheria Swabs.*

Isolation Hospital	...	...	459
Nurses and Clinics	...	...	1066
Medical Practitioners	...	...	216
County	...	...	62
Institutions	...	...	153
Total	...	...	1956

*Other Specimens.*

Urine (M. and C.W.)	...	...	10
Urine (Superannuation)	...	...	24
Urine (Miscellaneous)	...	...	120
Sputa	...	...	222
Blood Counts	...	...	8
Hair for Ringworm	...	...	2
Pus	...	...	9
Milk Analysis	...	...	12
Tissues	...	...	1
Bac. Examination of Water	...	...	111
Urethral Cervical Swabs, etc.	...	...	51
Blood for Wassermann	...	...	26
C.S.F. for Wassermann	...	...	1
Pleural Fluids	...	...	1
Specimens from Vet. Surgeon	...	...	2
Throat Swabs for Streptococci	...	...	42
Blood Cultures	...	...	1
Miscellaneous	...	...	11

*Typhoid Outbreak*

Specimens of Faeces	...	...	742
Bloods for Diagnosis of Typhoid	...	...	207
Specimens of Urine	...	...	670

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TOTAL NUMBER OF EXAMINATIONS

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4229

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In 1935, 3007 examinations and reports were made.



## HOSPITALS, MEDICAL SERVICES AND NURSING ARRANGEMENTS AVAILABLE FOR THE BOROUGH.

### (1) *Hospitals and Sanatoria.*

<i>Classification</i>	<i>Name</i>	<i>Situation</i>	<i>Accommo- dation</i>	<i>Provided by</i>
Tuberculosis ...	Various	Various	72 for County	County Council
Maternity ...	Cornelia Hospital	Longfleet	12 beds	Subsidised by Borough Council
Children under 5	Cornelia Hospital	Longfleet	8 cots	Subsidised by Borough Council
Infectious Diseases	Borough Isolation	Upper Parkstone	44 beds	Borough Council
Smallpox, etc.	Baiter Isolation	Poole	10 beds	Borough Council
Children's ... Convalescent	Swanage Memorial	Swanage	3 for Borough	Royal Red Cross Society
Venereal Disease	Royal Victoria	Boscombe	4 beds	County Council
General ... and Orthopaedic	Cornelia Hospital	Longfleet	105 beds	Voluntary effort

(2) *Clinics and Treatment Centres.*

<i>Classification.</i>	<i>Situation.</i>	<i>Provided by</i>
Tuberculosis ...	King Street, Poole	County Council
Maternity and Child Welfare ...	67, Market Street	Borough Council
" " ...	Poole ...	
" " ...	Branksome Council Buildings	Borough Council
" " ...	Creekmoor, Broadstone	Borough Council
Maternity and Child Welfare Association Consultation Centre and School for Mothers ...	Poole ...	Voluntary effort subsidised by Borough Council
" " ...	Upper Parkstone	
" " ...	Heatherlands ...	Council
" " ...	Newtown ...	" "
" " ...	Longfleet ...	" "
Elementary Schools, Minor Ailments ...	67, Market Street, Poole ...	Borough Council
" " ...	Council Buildings, Branksome	" "
Dental Operative Clinic ...	67, Market Street, Poole	" "
Nose and Throat Operative Clinic ...	Cornelia Hospital ...	" "
X-Ray Clinic ...	" " ...	" "
Orthopaedic Clinic ...	" " ...	" "
Eye Clinic ...	Municipal Buildings Poole ...	" "
Diphtheria Immunisation ...	67, Market Street Poole ...	Borough Council
" " ...	Council Buildings, Branksome.	" "
Venereal Diseases ...	Boscombe ...	County Council

(3) *Professional Nursing in the Home.*

*General.* Three District Nurses for the Parkstone area are provided by the Parkstone District Nursing Association. One District Nurse, for work in the Poole, Longfleet and Oakdale districts is provided by the Poole District Nursing Association, one in Hamworthy by the Hamworthy Association, and one in the Canford district by the Broadstone Nursing Association.

These Associations are affiliated to the Dorset County Nursing Association.

*Maternity.* Twenty-two certified Midwives are at present practising in the Borough. A further 2 are proprietors of Nursing Homes, which are also Maternity Homes.

(4) *Ambulance facilities.*

(a) *Infectious Diseases.* Two motor ambulances are stationed at the Borough Hospital. The newer vehicle is a Morris St. John type, capable of carrying 2 stretchers and 3 sitting cases. The area covered by this includes a considerable portion of the East of the County of Dorset, and Christchurch in Hampshire.

(b) *Non-infectious and Accident Cases.* A Morris motor ambulance, which was presented to the Corporation by the Poole Carnival Committee, is maintained at Parkstone for general non-infectious work.

There is also a hand ambulance quartered at Parkstone Park.

(5) *Other Institutional Provision.*

*Illegitimate Infants.* The Hants and Dorset Babies' Home, in Commercial Road, Parkstone, is capable of boarding 23 infants. It receives an annual grant from Government funds, and is subject to supervision by the Medical Officer of Health.

*Rescue Cases.* St. Faith's Refuge, Mount Road, Parkstone, is a home for rest, supervision and advice in the case of girls who are liable to, or have become the victims of, an irregular life. It is under the auspices of the moral and spiritual welfare work of the Diocese of Salisbury. With an outdoor worker, a superintendent, and a matron, and co-operation with the Dorset Voluntary Association for Mental Welfare, it has been the means of rehabilitating many girls, and arranging for suitable institutional care for those less able to safeguard themselves.

### PROPAGANDA IN HEALTH EDUCATION.

It has been the practice since 1921 to hold a "Health Week" early in October, on the dates laid down for the Empire Health Week organised by the Royal Sanitary Institute.

Realising that the spoken word gets further home than printed matter, the Medical Officer has each year in this week given about 50 addresses to men at their works, to women at Centres and Institutes, and to elder scholars in the schools of the Borough, dealing with the same subject in a manner appropriate to his audience. In this way he has covered such diverse subjects as The Use and Abuse of the Sun, The Care of the Feet, The Meaning of Posture, Hygiene of the Mouth, Clean Food, etc.

An excellent educational item in the form of a demonstration of food values and clothing for infants organised by one of the Voluntary Centres deserves more publicity than it gets.

Unfortunately, owing to pressure of work of an unexpected kind caused by the typhoid outbreak, the usual procedure could not be carried out in 1936. A pre-arranged series of short demon-

strations on the Teeth in Man and in Animals given by the Dental Board of the United Kingdom in September, helped to fill the gap.

The local issue of the journal "Better Health" continued throughout the year. A thousand copies are delivered to 1,000 different homes each month until the Borough has been covered, thus ensuring its circulation in fact. The Medical Officer provides a "leader" of local import, in which have been dealt with Measles, a Public Health League, Diphtheria, Summer Time and Sleep, Fifty Years of Progress, the School Population and its Future, Typhoid Fever, etc.

For a population more or less acquainted with propaganda in matters of public health, it might be considered that a series of popular evening lectures on public health topics would prove acceptable as an extension of these activities. For extra calls of this nature, however, medical staff is lacking.

It must be admitted, from past experience, that evening addresses organised by the Council of Social Hygiene, on Venereal Disease, and by the National Association for the Prevention of Tuberculosis have, even with the appeal of the film, drawn disappointingly meagre audiences.





# LIST OF TABLES.

- A.—Vital Statistics—Quinquennial.
- B.—Deaths from all Causes.
- C.—Infant Mortality.
- D.—Births.
- E.—Housing.
- F.—Sanitary Inspection, Nuisances and Defects.
- G.—Food and Drugs.
- H.—Cases Admitted to Borough Isolation Hospital.
- I.—Infectious Diseases.
- J.—Factories and Workshops.

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TABLE A.  
Vital Statistics, Quinquennial.

Year	Mid-Year population	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				Pulmonary Tuberculosis Death Rate
			Birth Rate.	Marriage Rate.	Death Rate (uncorrected)	Cancer Death Rate.	
1885	12957	86	39.5		18.7		
1890	14027	82	26.9		14.6		
1895	17050	126	29.5		15.1		
1900	18991	131	27.7		15.3	1.3	.9
1905	21804	113	26.7		15.7	.8	1.3
1910	34168*	82	26.0	15.4	12.7	1.1	1.1
1915	42800	93	18.7	18.6	13.2	.9	.8
1920	43400	75	23.6	22.0	10.8	1.2	.9
1925	46150	71.7	18.1	16.7	11.7	1.60	.71
1930	56150	57.6	16.7	15.4	12.39	1.87	.85
1931	56780	43.2	15.85	16.5	12.49	1.81	.84
1932	58230	55.2	15.8	15.1	11.70	1.58	.65
1933	63510*	46.4	16.0	16.1	11.71	1.50	.61
1934	64380	44.1	15.4	16.2	11.48	1.96	.50
1935	65600	44.0	16.0	16.8	11.7	1.84	.79
1936	66820	51.2	16.8	16.9	12.1	1.89	.55
England & Wales, 1936		59	14.8	17.3	12.1		

\* Enlarged Borough.

• English Books

[illegible]

ИВАНОВ, ИВАН

ЛВРГ В.



### CAUSES OF AND AGES AT DEATH DURING 1936.

CORRECTED DEATH RATE :—10.77

Causes of Death.				All Ages.	Under 1 Year.	1 and under 2 Years	2 and under 3 Years	3 and under 4 Years	4 and under 5 Years	5 and under 10 Years	10 and under 15 Years	15 and under 20 Years	20 and under 25 Years	25 and under 30 Years	30 and under 35 Years	35 and under 40 Years	40 and under 45 Years	45 and under 50 Years	50 and under 55 Years	55 and under 60 Years	60 and under 65 Years	65 and under 70 Years	70 and under 75 Years	75 and upwards	Total Deaths in Institu- tions	
All Causes :— Certified ... Uncertified ...				804 3	50 1	9 —	3 —	5 —	3 —	12 —	2 —	12 1	14 —	13 —	15 —	19 —	23 —	33 —	37 —	45 —	61 —	96 —	103 —	249 1	— —	
1. Typhoid and Paratyphoid Fevers ...				17	—	—	—	—	1	1	—	5	4	—	—	—	2	1	—	1	1	1	—	—	11	
2. Measles ... ..				7	2	3	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
3. Scarlet Fever ... ..				—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. Whooping Cough ... ..				1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. Diphtheria ... ..				4	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
6. Influenza ... ..				2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	
7. Encephalitis Lethargica ... ..				1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	
8. Cerebro-Spinal Fever ... ..				—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Tuberculosis of respiratory system ...				38	—	1	—	—	—	—	1	3	6	5	2	4	3	4	3	4	3	4	1	—	1	8
10. Other Tuberculous disease ... ..				9	1	1	—	—	—	4	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	9
11. Syphilis ... ..				1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
12. G.P.I. Tabes Dorsalis ... ..				3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	
13. Cancer, Malignant Disease ... ..				126	—	—	—	—	—	1	—	1	—	1	—	6	4	8	8	10	12	21	25	29	31	
14. Diabetes ... ..				12	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1	—	—	4	2	2	5	
15. Cerebral Haemorrhage, etc. ... ..				43	—	—	—	—	—	—	—	—	—	—	—	1	—	5	—	2	—	6	7	22	8	
16. Heart Disease ... ..				147	1	—	—	—	—	—	1	—	2	—	1	1	4	4	4	7	19	19	23	61	23	
17. Aneurysm ... ..				2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	
18. Other Circulatory Diseases ... ..				85	—	1	—	—	—	—	—	—	—	—	—	—	1	—	3	3	3	3	13	15	43	
19. Bronchitis ... ..				28	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	3	2	16	
20. Pneumonia (all forms) ... ..				43	5	3	3	3	—	—	—	1	—	—	—	2	—	1	2	5	4	4	3	7	15	
21. Other Respiratory Diseases ... ..				8	—	—	—	—	—	—	—	—	1	—	—	1	—	1	2	—	—	1	—	1	—	
22. Peptic Ulcer ... ..				10	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—	4	1	—	—	—	
23. Diarrhoea, etc. (under 2 years) ...				2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
24. Appendicitis ... ..				8	—	—	—	—	—	1	—	2	—	1	—	—	—	—	1	1	2	—	—	—	8	
25. Cirrhosis of Liver ... ..				3	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	2	
26. Other Diseases of Liver ... ..				2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	
27. Other Digestive Diseases ... ..				5	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	1	—	1	
28. Acute and Chronic Nephritis ... ..				26	—	—	—	—	—	—	—	—	—	1	2	—	1	—	2	1	—	7	4	8	3	
29. Puerperal Sepsis ... ..				1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
30. Other Puerperal Causes ... ..				5	—	—	—	—	—	—	—	1	2	1	1	—	—	—	—	—	—	—	—	—	4	
31. Congenital Debility, etc. ... ..				28	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	
32. Senility ... ..				41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	36	5	
33. Suicide ... ..				13	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2	2	3	3	—	1	
34. Other Violence ... ..				22	3	—	—	—	1	—	1	1	1	1	3	—	2	—	—	1	1	2	1	4	8	
35. Other Defined Diseases ... ..				64	3	—	—	1	—	—	—	3	—	—	—	—	2	1	3	5	4	7	6	11	18	
36. Causes ill-defined or Unknown ...				—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	



CORRECTED DEATH RATE ...  
 DEATH RATE ...  
 (b) of persons ...  
 (c) of persons ...  
 Total Deaths ...

Cause of Death		All Ages		1 Year		5 Years	
Certified		Un-certified		1		1	
1	...	...	17	...	...	...	...
2	...	...	...	...	...	...	...
3	...	...	...	...	...	...	...
4	...	...	...	...	...	...	...
5	...	...	...	...	...	...	...
6	...	...	...	...	...	...	...
7	...	...	...	...	...	...	...
8	...	...	...	...	...	...	...
9	...	...	...	...	...	...	...
10	...	...	...	...	...	...	...
11	...	...	...	...	...	...	...
12	...	...	...	...	...	...	...
13	...	...	...	...	...	...	...
14	...	...	...	...	...	...	...
15	...	...	...	...	...	...	...
16	...	...	...	...	...	...	...
17	...	...	...	...	...	...	...
18	...	...	...	...	...	...	...
19	...	...	...	...	...	...	...
20	...	...	...	...	...	...	...
21	...	...	...	...	...	...	...
22	...	...	...	...	...	...	...
23	...	...	...	...	...	...	...
24	...	...	...	...	...	...	...
25	...	...	...	...	...	...	...
26	...	...	...	...	...	...	...
27	...	...	...	...	...	...	...
28	...	...	...	...	...	...	...
29	...	...	...	...	...	...	...
30	...	...	...	...	...	...	...
31	...	...	...	...	...	...	...
32	...	...	...	...	...	...	...
33	...	...	...	...	...	...	...
34	...	...	...	...	...	...	...
35	...	...	...	...	...	...	...
36	...	...	...	...	...	...	...
37	...	...	...	...	...	...	...
38	...	...	...	...	...	...	...
39	...	...	...	...	...	...	...
40	...	...	...	...	...	...	...
41	...	...	...	...	...	...	...
42	...	...	...	...	...	...	...
43	...	...	...	...	...	...	...
44	...	...	...	...	...	...	...
45	...	...	...	...	...	...	...
46	...	...	...	...	...	...	...
47	...	...	...	...	...	...	...
48	...	...	...	...	...	...	...
49	...	...	...	...	...	...	...
50	...	...	...	...	...	...	...
51	...	...	...	...	...	...	...
52	...	...	...	...	...	...	...
53	...	...	...	...	...	...	...
54	...	...	...	...	...	...	...
55	...	...	...	...	...	...	...
56	...	...	...	...	...	...	...
57	...	...	...	...	...	...	...
58	...	...	...	...	...	...	...
59	...	...	...	...	...	...	...
60	...	...	...	...	...	...	...
61	...	...	...	...	...	...	...
62	...	...	...	...	...	...	...
63	...	...	...	...	...	...	...
64	...	...	...	...	...	...	...
65	...	...	...	...	...	...	...
66	...	...	...	...	...	...	...
67	...	...	...	...	...	...	...
68	...	...	...	...	...	...	...
69	...	...	...	...	...	...	...
70	...	...	...	...	...	...	...
71	...	...	...	...	...	...	...
72	...	...	...	...	...	...	...
73	...	...	...	...	...	...	...
74	...	...	...	...	...	...	...
75	...	...	...	...	...	...	...
76	...	...	...	...	...	...	...
77	...	...	...	...	...	...	...
78	...	...	...	...	...	...	...
79	...	...	...	...	...	...	...
80	...	...	...	...	...	...	...
81	...	...	...	...	...	...	...
82	...	...	...	...	...	...	...
83	...	...	...	...	...	...	...
84	...	...	...	...	...	...	...
85	...	...	...	...	...	...	...
86	...	...	...	...	...	...	...
87	...	...	...	...	...	...	...
88	...	...	...	...	...	...	...
89	...	...	...	...	...	...	...
90	...	...	...	...	...	...	...
91	...	...	...	...	...	...	...
92	...	...	...	...	...	...	...
93	...	...	...	...	...	...	...
94	...	...	...	...	...	...	...
95	...	...	...	...	...	...	...
96	...	...	...	...	...	...	...
97	...	...	...	...	...	...	...
98	...	...	...	...	...	...	...
99	...	...	...	...	...	...	...
100	...	...	...	...	...	...	...

TABLE C.

## INFANT MORTALITY DURING 1986.

Causes of Death.	Deaths from stated causes at various ages under 1 year.									Total Deaths under one year.
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	
Prematurity and Atelectasis	8	—	—	—	8	1	—	—	—	9
Measles and Broncho Pneumonia ... ..	—	—	—	—	—	—	1	—	1	2
Intracranial Haemorrhage	4	—	—	—	4	—	—	—	—	4
Scleroma Neonatorum ...	1	—	—	—	1	—	—	—	—	1
Spina Bifida and Prematurity	2	1	—	—	3	2	1	—	—	6
Broncho-Pneumonia ...	1	—	—	—	1	2	6	2	—	11
Pyelitis ... ..	—	—	—	—	—	1	—	—	—	1
Congenital Cardiac Defect...	1	—	—	1	2	1	—	—	—	3
Gastro-Enteritis ... ..	—	—	—	—	—	—	1	1	—	2
Intra-Peritoneal Haemorrhage and Jaundice ...	—	1	—	—	1	—	—	—	—	1
Congenital Pyloric Stenosis	—	—	—	—	—	1	—	—	—	1
Prematurity with Harelip and Cleft Palate ... ..	1	—	—	1	2	—	—	—	—	2
Inanition, Difficult Labour	—	—	1	—	1	—	—	—	—	1
Tubercular Peritonitis ...	—	—	—	—	—	—	—	—	1	1
Cerebral Abscess ... ..	—	—	—	—	—	1	—	—	—	1
Asphyxia (Wilful), Inquests	2	—	—	—	2	—	—	—	—	2
Asphyxia (Accidental) ...	—	—	—	—	—	—	—	1	—	1
Convulsions ... ..	1	—	—	—	1	—	—	—	—	1
Intussusception, Peritonitis	—	—	—	—	—	—	—	1	—	1
Total ... ..	21	2	1	2	26	9	9	5	2	51



**TABLE E.**

**Housing.**

<b>1. Inspection of Dwelling-houses during the Year :—</b>	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	621
(b) Number of inspections made for the purpose ...	1245
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ...	297
(b) Number of inspections made for the purpose ...	392
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	275
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	288
<b>2. Remedy of Defects during the Year without Service of formal Notices :—</b>	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	285
<b>3. Action under Statutory Powers during the Year :—</b>	
(a).—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	26
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners ...	21
(b) By local authority in default of owners ...	3
(b).—Proceedings under Public Health Acts :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	69
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners ...	64
(b) By local authority in default of owners ...	9
(c).—Proceedings under sections 19 and 21 of the Housing Act, 1930 :	
(1) Number of dwelling-houses in respect of which Demolition Orders were made ...	6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ...	4
(d).—Proceedings under section 20 of the Housing Act, 1930 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	—
<b>4. Housing Act 1935—Overcrowding.</b>	
(a) (i) Number of dwellings overcrowded at the end of the year... ..	84
(ii) Number of families dwelling therein ... ..	93
(iii) Number of persons dwelling therein ... ..	574
(b) Number of new cases of overcrowding reported during the year ... ..	114
(c) (i) Number of cases of overcrowding relieved during the year... ..	49
(ii) Number of persons concerned in such cases ... ..	291
(d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ... ..	—
(e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report ... ..	—



TABLE I.  
Housing.

Year	(a) Number of dwelling-houses in the district	(b) Number of dwelling-houses in the district which were not occupied by the owner or tenant	(c) Number of dwelling-houses in the district which were not occupied by the owner or tenant and were not used for any other purpose	(d) Number of dwelling-houses in the district which were not occupied by the owner or tenant and were not used for any other purpose and were not used for any other purpose
1901	1,000	100	50	20
1911	1,200	120	60	30
1921	1,400	140	70	40
1931	1,600	160	80	50
1941	1,800	180	90	60
1951	2,000	200	100	70
1961	2,200	220	110	80
1971	2,400	240	120	90
1981	2,600	260	130	100
1991	2,800	280	140	110
2001	3,000	300	150	120
2011	3,200	320	160	130
2021	3,400	340	170	140
2031	3,600	360	180	150
2041	3,800	380	190	160
2051	4,000	400	200	170
2061	4,200	420	210	180
2071	4,400	440	220	190
2081	4,600	460	230	200
2091	4,800	480	240	210
2101	5,000	500	250	220

TABLE F.

## Report of Sanitary Inspectors for the Year 1936.

Poole District, Mr. Wheeler; Branksome District, Mr. Trim; Longfleet District, Mr. Power; Parkstone District, Mr. Glover; Canford District, Mr. Leggat.

	District.				
	Poole	Brank- some	Long- fleet	Park- stone	Canford
Total Number of visits to premises	4388	4198	4848	4257	4072
Visits re infectious and other diseases	121	176	117	303	420
Disinfections after infectious diseases	15	22	31	37	15
Disinfections after other diseases	9	8	13	10	6
House drains smoke tested	16	63	17	61	21
House drains water tested	53	64	27	58	24
Drains repaired, cleaned &c.	50	42	37	80	47
Licensed or Registered Premises.					
Factories, workshops and work-places	43	51	82	85	80
Slaughterhouses	—	307	462	205	396
Dairies and milkshops	81	179	78	241	93
Cowsheds	53	33	59	3	320
Bakehouses	78	31	11	57	10
Houses Let-in-Lodgings	2	—	10	—	—
Common Lodging Houses	95	20	—	—	—
Inspections.					
Butchers' premises	556	531	562	161	46
Greengrocers' premises	299	542	634	88	29
Fishmongers' premises	341	347	274	43	23
Fish Market	54	—	—	—	—
Schools	124	16	18	38	15
Ice Cream Premises	60	10	4	85	—
Picture houses	73	3	43	—	2
Lavatories	62	42	38	8	32
Other premises	1877	1316	2104	2089	1525
Inspections of work in progress	408	330	135	677	894
Food and Drugs Acts.					
Samples of food, &c., taken	36	53	60	60	60
Complaints received	—	—	—	—	—
Nuisances and Defects.					
Premises requiring repair	103	65	133	77	30
Cleansing or limewashing	83	27	3	25	7
Defective W.C. fittings	62	48	27	20	23
Defective yard surfaces	71	12	63	21	—
Defective eaves and downspouts	76	37	56	42	12
Defective sinks	47	21	38	18	5
Defective urinals	—	—	—	13	—
Defective manure pits	—	1	—	1	—
Animals improperly kept	1	1	—	2	—
Overcrowding	67	41	182	8	24
Offensive accumulations	18	21	13	24	22
Other nuisances	49	69	315	244	81
Informal Notices served	63	145	90	208	165
“ ” complied with	78	134	89	167	193
Statutory Notices served	1	18	7	7	24
“ ” complied with	1	7	8	6	20
Diseases of Animals Acts.					
Visits made	6	5	20	—	28
Movement Licences (within the Borough)	—	—	2	—	—
Movement Licences (outside the Borough)	—	—	—	—	—
Reports to Board of Agriculture	—	1	2	—	4
Cautions	—	—	—	—	—
Prosecutions	—	—	—	—	—





**TABLE G.**  
**WORK DONE UNDER THE FOOD AND DRUGS ACTS.**

	Samples.						
	Formal	Informal	Total	Genuine	Adulterated	Vendor cautioned	Vendor prosecuted.
Milk ... ..	111	1	112	101	11	9	1
Lard ... ..	11	—	11	11	—	—	—
Vinegar ... ..	6	—	6	6	—	—	—
Butter ... ..	31	—	31	31	—	—	—
Raisins ... ..	2	—	2	2	—	—	—
Rice ... ..	4	—	4	4	—	—	—
Lemonade Crystals ... ..	1	—	1	1	—	—	—
Candied Peel ... ..	2	—	2	2	—	—	—
Dripping ... ..	2	—	2	2	—	—	—
Cocoa ... ..	6	—	6	6	—	—	—
Demerara Sugar ... ..	3	—	3	3	—	—	—
Tea ... ..	18	—	18	18	—	—	—
Margarine ... ..	6	1	7	7	—	—	—
"Cookeen" ... ..	1	—	1	1	—	—	—
S.R. Flour ... ..	8	—	8	8	—	—	—
Salmon and Shrimp Paste ... ..	6	—	6	6	—	—	—
Sausages (Pork) ... ..	5	—	5	5	—	—	—
Sausages (Beef) ... ..	6	—	6	6	—	—	—
Crab Paste ... ..	1	—	1	1	—	—	—
Salmon and Anchovy Paste ... ..	1	—	1	1	—	—	—
Tinned Peas ... ..	4	—	4	4	—	—	—
Chicken and Ham Paste ... ..	1	—	1	1	—	—	—
White Pepper ... ..	4	—	4	4	—	—	—
Coffee ... ..	3	—	3	3	—	—	—
Ground Ginger ... ..	2	—	2	2	—	—	—
Ground Almonds ... ..	2	—	2	2	—	—	—
Dessicated Cocoanut... ..	2	—	2	2	—	—	—
Beef Suet (Shredded) ... ..	2	—	2	2	—	—	—
Chicken and Tongue Paste ... ..	1	—	1	1	—	—	—
Strawberry Jam ... ..	1	—	1	1	—	—	—
Cream Sponge Sandwich ... ..	1	—	1	1	—	—	—
Flour ... ..	2	—	2	2	—	—	—
Cheese ... ..	3	—	3	3	—	—	—
Chicken Paste ... ..	1	—	1	1	—	—	—
Liquorice Allsorts ... ..	1	—	1	1	—	—	—
Granulated Sugar ... ..	1	—	1	1	—	—	—
Corn Flour ... ..	1	—	1	1	—	—	—
Beer ... ..	2	—	2	2	—	—	—
Liquid Paraffin ... ..	1	—	1	1	—	—	—
Oatmeal ... ..	1	—	1	1	—	—	—
<b>TOTAL ... ..</b>	<b>267</b>	<b>2</b>	<b>269</b>	<b>258</b>	<b>11</b>	<b>9</b>	<b>1</b>

WORK DONE UNDER THE FOOD AND DRUGS

[illegible]



TABLE H.

CASES ADMITTED TO ALDERNEY HOSPITAL DURING THE YEAR 1936.

		From Borough	From other Districts	From Port Health Authority	Total Number of cases admitted
Diphtheria, faucial	...	16	5	—	21
" nasal	...	2	1	—	3
" carrier	...	3	2	—	5
Admitted as Diphtheria but proving to be otherwise	...	6	—	—	6
Scarlet Fever	...	50	52	—	102
Scarlet Fever and Typhoid Fever	...	—	2	—	2
Admitted as Scarlet Fever, but proving to be otherwise	...	—	2	—	2
Typhoid Fever	...	191	4	—	195
Observation Typhoid Fever, not confirmed	...	1	1	—	2
Observation Typhoid Carrier	...	1	—	—	1
Measles	...	1	1	—	2
Measles and Broncho-Pneumonia	...	4	1	—	5
Measles and Ophthalmia	...	1	—	—	1
Measles and Otitis media	...	—	1	—	1
Varicella	...	1	—	—	1
Observation Encephalitis Lethargica	...	—	1	—	1
Erysipelas	...	2	3	—	5
Ophthalmia Neonatorum	...	2	—	—	2
Puerperal Fever	...	2	—	—	2
Birth in Hospital	...	1	—	—	1
Total		284	76	—	360

ОБЪЕМЫ РАБОТЫ ПО ВЫПОЛНЕНИЮ ЗАДАЧ ПО ОБРАЗОВАНИЮ

Всего	по плану	фактически	по плану	фактически
1	2	3	4	5
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14
15	15	15	15	15
16	16	16	16	16
17	17	17	17	17
18	18	18	18	18
19	19	19	19	19
20	20	20	20	20
21	21	21	21	21
22	22	22	22	22
23	23	23	23	23
24	24	24	24	24
25	25	25	25	25
26	26	26	26	26
27	27	27	27	27
28	28	28	28	28
29	29	29	29	29
30	30	30	30	30
31	31	31	31	31
32	32	32	32	32
33	33	33	33	33
34	34	34	34	34
35	35	35	35	35
36	36	36	36	36
37	37	37	37	37
38	38	38	38	38
39	39	39	39	39
40	40	40	40	40
41	41	41	41	41
42	42	42	42	42
43	43	43	43	43
44	44	44	44	44
45	45	45	45	45
46	46	46	46	46
47	47	47	47	47
48	48	48	48	48
49	49	49	49	49
50	50	50	50	50
51	51	51	51	51
52	52	52	52	52
53	53	53	53	53
54	54	54	54	54
55	55	55	55	55
56	56	56	56	56
57	57	57	57	57
58	58	58	58	58
59	59	59	59	59
60	60	60	60	60
61	61	61	61	61
62	62	62	62	62
63	63	63	63	63
64	64	64	64	64
65	65	65	65	65
66	66	66	66	66
67	67	67	67	67
68	68	68	68	68
69	69	69	69	69
70	70	70	70	70
71	71	71	71	71
72	72	72	72	72
73	73	73	73	73
74	74	74	74	74
75	75	75	75	75
76	76	76	76	76
77	77	77	77	77
78	78	78	78	78
79	79	79	79	79
80	80	80	80	80
81	81	81	81	81
82	82	82	82	82
83	83	83	83	83
84	84	84	84	84
85	85	85	85	85
86	86	86	86	86
87	87	87	87	87
88	88	88	88	88
89	89	89	89	89
90	90	90	90	90
91	91	91	91	91
92	92	92	92	92
93	93	93	93	93
94	94	94	94	94
95	95	95	95	95
96	96	96	96	96
97	97	97	97	97
98	98	98	98	98
99	99	99	99	99
100	100	100	100	100

TABLE I.

## CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1938.

Notifiable Diseases	At all ages	Number of Cases Notified.											Removed to Hospital	
		Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years		65 & upwards
Scarlet Fever ... ..	62	—	1	2	2	5	32	9	2	4	1	3	1	50
Pneumonia ... ..	32	—	—	2	1	—	6	4	2	7	3	4	3	—
Ophthalmia Neonatorum	4	4	—	—	—	—	—	—	—	—	—	—	—	2
Diphtheria and Carriers...	29	—	—	—	2	2	12	3	6	3	—	1	—	27
Erysipelas ... ..	12	—	—	—	—	—	—	—	—	4	1	6	1	2
Puerperal Fever ... ..	3	—	—	—	—	—	—	—	—	3	—	—	—	2
Puerperal Pyrexia ... ..	3	—	—	—	—	—	—	—	—	1	2	—	—	2
Cerebro-Spinal Meningitis	1	—	—	—	—	—	—	1	—	—	—	—	—	3
Typhoid Fever (Paratyphoid) ... ..	206	—	2	3	2	9	44	21	37	46	18	19	5	193
Encephalitis Lethargica...	1	—	—	—	—	—	—	—	—	—	—	—	1	—
	353	4	3	7	7	16	94	38	47	68	25	33	11	279

Disease	Total	Number of Cases Reported.										Total
		1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	
Scarlatina	1	—	—	—	—	—	—	—	—	—	—	1
Diphtheria	103	—	—	5	14	—	—	—	—	31	—	103
Typhoid Fever	1	—	—	—	—	—	—	—	—	—	—	—
Scarlatina	3	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	3	—	—	—	—	—	—	—	—	—	—	—
Scarlatina	15	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	20	—	—	3	15	—	—	—	—	—	—	—
Scarlatina	4	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	35	—	—	1	6	—	—	—	—	—	—	—
Scarlatina	2	—	—	3	5	—	—	—	—	—	—	—
Total	152	—	—	9	35	—	—	—	—	—	—	152
Non-reportable Diseases	15	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	15
Total	167	15	42	20	42	30	30	42	42	42	42	167

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1890.

TABLE I.



TABLE J.

## 1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers prosecuted.
<b>Factories</b> ... .. (Including Factory Laundries)	148	8	—
<b>Workshops</b> ... .. (Including Workshop Laundries)	253	5	—
<b>Workplaces</b> ... .. (Other than Outworkers' premises)	37	—	—
<b>Total</b> ... ..	438	13	—

## 2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of offences in respect of which Prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness ... ..	17	15	—	—
Want of ventilation ... ..	1	—	1	—
Overcrowding ... ..	—	—	—	—
Want of drainage of floors... ..	—	—	—	—
Other Nuisances ... ..	16	14	—	—
Sanitary accommodation insufficient ... ..	1	1	—	—
unsuitable or defective ... ..	3	3	—	—
not separate for sexes ... ..	—	—	—	—
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground Bakehouse (s.101) ... ..	—	—	—	—
Other offences ... ..	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers Order, 1921). ... ..				
<b>Total</b> ... ..	38	33	1	—

\*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.





## PART II.

# PORT HEALTH.

### PORT MEDICAL OFFICER'S REPORT (Abridged).

The Medical Officer of Health for the Borough is also Port Medical Officer. Dr. G. Chesney, who holds the Certificate of the London School of Tropical Medicine, is Deputy Port Medical Officer, and these are assisted by Mr. P. W. Wheeler, Cert. R.S.I., M.S.I.A., Sanitary Inspector, who is also Sanitary Inspector for the Port. Close co-operation exists between the Officers of H.M. Customs, the Harbour Master, and the Medical Officer's Department.

Year.	Incoming Vessels.	Tonnage.	Average Tonnage.
1931	1139	255675	225
1932	1197	253730	212
1933	1169	272042	233
1934	1194	280882	235
1935	1226	266167	217
1936	1291*	289524	224

I. *Amount of Shipping entering the Port during the year 1936.*

**TABLE A.**

Class	Number	Tonnage	Number Inspected		Number reported to be defective	Number of vessels on which defects were remedied	Number of Vessels reported as having, or having had, during the voyage, infectious disease on board	
			By the Medical Officer	By the Sanitary Inspector				
FOREIGN {	Steamers	51	23990	5	31	4	4	—
	*Motor	70	9544	—	17	—	—	—
	Sailing	—	—	—	—	—	—	—
	Fishing	—	—	—	—	—	—	—
	Yachts	46	865	—	—	—	—	—
Total Foreign		167	34399	5	48	4	4	—
COAST- WISE {	Steamers	641	207228	7	148	10	10	—
	*Motor	479	47681	—	22	1	1	—
	Sailing	4	216	—	2	—	—	—
	Fishing	—	—	—	—	—	—	—
Total Coastwise :		1124	255125	7	172	11	11	—
Total Foreign and Coastwise :		1291	289524	12	220	15	15	—

\* Includes mechanically propelled vessels other than steamers.

## II. *Character of Trade of the Port.*

(a) *Passenger Traffic.* There is a passenger service running between Poole, the Channel Islands, St. Malo and Cherbourg. Apart from this, the passenger services are local, communicating between the Isle of Wight, Bournemouth, Poole, Swanage and Weymouth.

**TABLE B.**  
**Passenger Traffic during 1936.**

No. of Passengers.	Yachts' Guests	Excursionists	French Onion Sellers
INWARDS : France and Channel Islands	167	3904	22
OUTWARDS : France and Channel Islands	—	3904	—

The Onion-men return to their homes *via* either Southampton or Weymouth.

Poole is not an " Approved Port " for the purpose of control of transmigrants.

(b) *Cargo Traffic.* Imports from abroad were chiefly timber, oil, stone, slates, building materials, asbestos, onions, fertilisers, pyrites, paper pulp, and general cargoes, and by coastal traffic, coal, cement, oil, petrol, stone, sugar, potatoes, grain and general cargoes.

Exports were chiefly clay, plaster, gas oil and tar, scrap-iron, and general cargoes.

The bulk of the traffic during the year has been with France, Belgium, Holland, Channel Islands, Scandinavian and Baltic Ports, in addition to English and Scottish Ports generally.

## III. *Source of Water Supply.*

See Annual Report for 1934.

## IV. *Port Sanitary Regulations, 1933.*

(1)-(4). See Annual Report for 1934.

(5)-(6). Articles 14-16. Occasion has not arisen for the application of these Articles, but arrangements and forms are in force for their operation when necessary.

(7)-(11). See Annual Report for 1934.

(12). *Other Matters.* No cases of infectious sickness were landed from vessels during the year, and no cases occurred of a vessel having such sickness on board during a voyage to the Port.

## V. *Measures against Rodents.*

Application has been made to the Ministry of Health for approval of the Port for the issue of Deratisation and Exemption Certificates under Article 28 of the International Sanitary Convention, 1926, but has not been granted.

(1)-(5). See Annual Report for 1934.

No ships were found to harbour rats, and Table F below gives particulars of rats recovered from warehouses.

**TABLE F.**  
**RATS DESTROYED DURING 1936.**  
**IN DOCKS, QUAYS, WHARVES AND WAREHOUSES.**

Number of Rats.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Black ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Brown ...	—	—	—	—	6	—	—	9	5	—	—	—	20
Not recorded	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Infected ...	—	—	—	—	—	—	—	—	—	—	—	—	—

Tables G and H (omitted) are under the circumstances "Nil Returns."

VI. *Hygiene of Crews' Spaces.*

**TABLE J.**  
**Classification of Nuisances.**

Nationality of Vessel.	Number inspected during 1936	Defects of original construction	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British ...	172	—	2	9
Other Nations	48	—	—	4

VII.(1) *Food Inspection.*

See Annual Report for 1934.

(2) *Shellfish.*

The Close Season for oyster dredging extends from 15th May to 30th September. The same conditions, however, which limited the useful dredging for trade purposes in 1935, remained in 1936, with the result that it has not yet been considered practical that dredging should take place, although sanction to dredge was given in October by the Southern Sea Fisheries District Committee.

An attempt was made to revive the mussel industry. Samples of mussels dredged at Rocklea and subjected to laboratory test showed themselves to be "100 per cent. clean." The following report, however, from the minutes of the District Committee, dated 16th January, 1936, appears to close the matter for the present.



Correspondence was read in relation to a proposal to obtain a licence to take mussels from Poole Harbour in order to sell the mussels to people in France for the purpose of consumption as food. The Clerk stated that he had communicated with the Ministry of Agriculture and Fisheries upon the matter and that the Ministry had expressed the opinion that it was undesirable that mussels from Poole Harbour should be sold for human consumption except under conditions corresponding to those prescribed in relation to oysters by No. 2 of the Regulations made by the Committee on 15th September, 1920.

The Clerk stated that he had informed the applicant that it was not considered desirable that mussels from Poole Harbour should be sold for human consumption except under conditions providing for the sale of the mussels under an authority from the Committee to buyers who shall have undertaken to relay and cleanse such mussels to the satisfaction of the Committee and that such undertaking would be required to be given by persons in England so as to ensure that the mussels would be thoroughly cleansed before being despatched to France.

*On 15th October, 1936.*

That sanction be given to dredge during the current season 25,000 oysters from the fishery for the purpose of being deposited on the laying grounds comprised in the Lease proposed to be granted to the Poole Fishermen's Association, Limited.

## PART III.

# MATERNITY & CHILD WELFARE.

### ORGANISATION.

This has been given in detail in previous years. See Annual Report, 1934. Part III, pp. 1-2.

### WORK DONE UNDER THE BOROUGH SCHEME.

(1) *Home Visiting*.—The Health Visitors and the Medical Officer where considered necessary, have paid 493 visits of advice to expectant mothers, and 10,961 visits to infants and children under school age.

(2) *Ante-Natal, Post-Natal and Child Welfare Clinics*.—The Medical Officer or the Deputy Medical Officer personally attends all clinics. At these, advice, and where advisable, treatment has been given or arranged for mothers, including 126 expectant mothers.

Of the total attendances at all clinics and centres of 14,159, 7,096 were by 495 children under 1 year, and 7,063 by 980 over 1 year, and of the total visits paid to homes, 4,869 were on account of those under and 6,092 for those over one year of age.

In the ante-natal care of mothers, examination of urine is made during the last three months. 40 such examinations were made in all.

Records of blood-pressure may also be kept, as an adjunct in anticipating possible complications.

There is established at Cornelia Hospital in co-operation, on Thursday afternoons, an ante-natal and post-natal clinic, at which the mothers who are waiting admission to the Maternity Ward under the Scheme meet, and are examined and kept under observation by, the Obstetrician who will attend them during their stay in the Ward, and keep in touch with them post-natally, if required.

The Hospital records show that of 150 expectant mothers of the Borough attending the Hospital Ante-Natal Clinic, ultimately 56 of those referred under the Borough Scheme passed through the Maternity Ward, and 78 of the total made post-natal attendances. The total number attending ante-natally was an increase of 35 on 1935.

(3) *Issues of Milk and Dried Milk*.—In certain cases and under close supervision, dried milk is sold at cost price for use of infants where for definite reasons the mother's milk is not available, or where the seasonal conditions render ordinary cow's milk undesirable. This part of the Scheme is self-supporting, but no profit accrues.

Milk at reduced rates, or free issues of milk are allowed, for medical reasons only—in most cases to the amount of one pint

per individual per day—where the household income does not exceed a sliding scale approved of by the Ministry of Health. It has been granted, usually in four-weekly periods and renewable, in 237 cases, a decrease of 6 on 1935.

In some cases the issues commenced with those expecting to become mothers within three months, or with mothers nursing their infants whose breast milk showed signs of insufficiency.

In suitable cases the milk was continued for the direct benefit of the infant, where for an ascertained reason the mother's milk was not available or suitable, and in a selected few the issue was carried into the second year, where home conditions were handicapping the child.

(4) *Hospital Services for Maternity and its Complications.*—Accommodation is provided at Cornelia General Hospital and at the Borough Isolation Hospital (for Puerperal cases).

In 1936, 56 maternity cases were admitted, as compared with 69 in 1935. 45 of the cases presented abnormality and four Caesarean operations were carried out, these resulting in three live children (one of whom survived only 9 hours and one 17 days) and one still-birth. One child had died "in utero" from pressure.

(5) *Hospital Treatment under Child Welfare Scheme.*—19 infants have received attention as in-patients at Cornelia Hospital. Details are to be found opposite.

# HOSPITAL ADMISSIONS.

## Maternity.

No.	Cause.	No. of Deliveries.		Deaths.			Abortions.
		M.	F.	Maternal.	Infantile. M. F.	Stillbirths. M. F.	
9	Contracted Pelvis ... ..	5	4	—	—	1	—
3	Placenta prævia (Caesareans : 3)	?	1	—	1	1	—
1	Albuminuria and Pre-eclampsic	1	—	—	—	—	—
4	Cardiac complications (Caesarean : 1)	2	3	—	1	—	—
4	Post-Maturity ... ..	2	2	—	—	—	—
14	Previous complicated labours or stillbirths	7	7	—	—	—	—
1	Eclampsia, post delivery	—	—	—	—	—	—
1	Concurrent toxic goitre	1	—	—	—	—	—
1	Abnormal lie ... ..	1	—	—	—	—	—
3	Marked Varix ... ..	1	2	—	—	—	—
3	Inertia ... ..	2	1	—	—	—	—
1	Hæmorrhoids ... ..	—	1	—	—	—	—
11	Convenience ... ..	5	6	—	—	—	—
56		29	27	—	1	2	—



## HOSPITAL ADMISSIONS—(contd.)

## Infants.

Provisional Diagnosis.	Discharged			Remaining in Hospital.	Died.	Total.
	In Good Health	Improved	No Im- provement			
Marasmus, Nutritional	2	—	—	1	—	3
Dyspepsia	1	—	—	—	—	1
Marasmus and German Measles	1	—	—	—	—	1
Prematurity	1	—	—	—	1	2
	5	—	—	1	1	7

5

**MEMORANDUM 1550.**

**WELFARE OF CHILDREN UNDER SCHOOL AGE.**

In this Annual Report for 1935, Part III, page 6, the subject of systematic inspection of the pre-school child was introduced as follows :—

“ An attempt has been made at the end of the year to introduce a system of medical overhaul of the ‘ toddler,’ on a purely voluntary basis, at the centres and clinics of the Borough. For this the ordinary record cards of the School Medical Service are used, so that, as much as possible, continuity of effort may result. The endeavour is to have each child thoroughly examined, in the meantime, once a year, concentrating on the younger ones from 1 to 3 years to minimise, if possible, the incidence of the defects which are already found well advanced in the ‘ entrance ’ examination of the five-year-old.

“ Admittedly the totals so far dealt with are insignificant, but the difficulty is for the present medical staff of two to find time for what could easily develop into a prominent and valuable feature of child welfare work, and it is unfair to expect it to any extent from the busy practitioner who is already giving his time to the Centres of the Voluntary Association.

“ To suggest that such work encroaches on the sphere of the practitioner would be incorrect. On the contrary, such an overhaul discloses often conditions for which the most appropriate advice to the parent is to consult a doctor. The tendency is, therefore, to bring child treatment work to the general practitioner, rather than to take it from him.”

In 1935, 58 children were examined, in 1936, 245, and, where appropriate, children were referred for special treatment.

As mentioned above, so far as medical staff is concerned, the time given to this work must of necessity be intermittent and uncertain. Systematic examination and following-up, on anything approaching a desirable scale, must wait until the Council can see their way to appoint a second Assistant Medical Officer, part of whose time would be allocated to this particular work.

In the meantime, the Council have approved the appointment of an additional member of the health-visiting staff—a proportion of whose salary will be charged to the extension of services for children 1—5. These services will, so far as the Medical Officer's time allows, be assistance at “ toddler ” inspections held at existing municipal clinics or Voluntary Association Centres, and, otherwise, following up in the homes and as “ liaison officer ” in cases requiring treatment.

All health visitors are expected to give as much attention at their visits to the young child between 1 and 5 years as is compatible

with suitable observation of the baby. The additional health visitor will concentrate, by arrangement, on families where there is no baby. Up to the present, home visits to "toddlers" have averaged two per year over all.

There are approximately 3,000 children over one year embraced in the municipal child welfare activities. Of these, 980 have attended the clinics or centres, making 7,063 attendances, an average of seven times in the year.

With regard to special separate sessions for "toddlers," remark has previously been made upon the artificial line of cleavage which tends to develop in child welfare work in differentiating the "infant" from the "toddler," as if the potentiality of results with existing Health services were not equal in both cases. It is considered that definite separation of these two aspects of the work would be to the ultimate detriment of both. The young mother with a baby and a "toddler" must as a rule either bring both children, or stay at home. It is preferable that she should bring both. She should not be asked to come twice with both children for the clinic services for one. Hence it is questionable whether advantage will be gained by establishing special clinics. So long as there is a separate room where overhauls can be carried out free from interruption, better results will be got with less disturbance of a mother's domestic responsibilities. This is what it is proposed to expand. It is more easy of achievement at municipal clinics than by a voluntary organisation whose finances may be fully strained by their present obligations.

The large area of the Borough (15,641 land acres) with relatively small population (67,000) makes the question of provision of nursery schools very difficult to develop on sound lines. The Local Education Authority has at present one nursery class in the Old Town, at Lagland Street Infants' School. Development of this class system appears the method of choice if the movement extends.

### **ORTHOPAEDIC SCHEME.**

The Orthopaedic Scheme of the Borough to cover both the School Medical and the Child Welfare Services came into force during 1935. The scheme has got well into stride. The whole elementary school population has been sifted, and, except in a few cases where parents were not agreeable or preferred to make private arrangements, the defects are being treated, to the number at the end of the year of 103, of which 31 came under treatment during 1936.

As the prevention of crippling is the aim, the endeavour is to get the child under suitable supervision at the earliest practical age. Since July, 1935, 39 children under school age have come under the Scheme :

Type of Defect.	Under treatment in 1935	Added during 1936	Completed treatment
Congenital defect ...	3	—	—
Traumatic deformity	—	1	—
Rachitic deformity ...	8	12	3
Paralytic deformity ...	2	1	—
Postural defect ...	6	4	—
Other bone diseases ...	2	—	—
	21	18	3

Eleven of the above received in-patient treatment, and 3 came off the list with treatment completed.

## PREVENTION AND TREATMENT OF VENEREAL DISEASES.

### *Congenital Syphilis.*

In April, 1935, Circular 1474 of the Ministry of Health emphasised the importance of securing, in the fullest measure, the services locally available. The County Scheme includes out-patient and in-patient treatment at Boscombe Hospital. It also allows of the payment of travelling expenses to and from the Hospital in approved cases. This service has been taken advantage of for some years with controlled efficiency, as it has been possible to arrange, with the County Council to recoup the expenses via the municipal maternity and child welfare clinics, and to continue this control through the School Medical Service.

## OPHTHALMIA NEONATORUM.

Four cases were notified. None of these was confirmed as due to gonorrhoeal infection.

There had been one confirmed case in 1935.

## MIDWIVES ACTS, 1902-1926.

On October 1st, 1930, the Council became the local Supervising Authority by transfer from the County Council.

There were at the end of 1936, 36 midwives on the practising Roll, distributed as follows :—

Living in and practising within the Borough ...	18
Living outside, and practising within the Borough ...	6
Living and practising in Institutions in the Borough	12
	—
	36
	—



In 1936 medical aid was summoned in 78 cases, as compared with 72 in 1935. Doctors' claims numbering 36 amounting to £52/8/0 were paid, and the amount recovered from beneficiaries was £17/13/0.

#### **CHILDREN AND YOUNG PERSONS ACTS, 1908-1933.**

The duties of supervision of children boarded out with foster mothers were taken over on 1st April, 1930.

With the general supervision of the Medical Officer, each of the six Health Visitors is an authorised Inspector under the Act, and their work under this Act is closely associated with that carried out for the Maternity and Child Welfare Scheme generally, many of the foster mothers making regular attendance at either clinic or a voluntary Centre.

There were 67 foster children on the Register at the end of the year, in the care of 58 foster mothers. 489 visits were paid to these by the Inspectors.

#### **NURSING HOMES REGISTRATION ACT, 1927.**

The work of supervision under this Act was transferred to the Borough from the County Council on April 1st, 1930.

There are 13 Institutions on the Register, one being exempt and 12 subject to supervision, of which latter 2 are classed also as Maternity Homes. These are in charge of qualified midwives subject to supervision under the Midwives Acts.

#### **PREVENTION OF MATERNAL MORTALITY AND MORBIDITY.**

##### **MATERNAL MORTALITY, 1921-1936.**

Year	Total Births including Stillbirths.	Deaths per 1,000 births from			
		Puerperal Fever		Other Accidents	
		No.	Rate	No.	Rate
1921	973	1	1.03	1	1.03
1922	908	1	1.10	3	3.30
1923	881	0	—	2	2.27
1924	852	1	1.17	5	5.87
1925	878	3	3.39	3	3.39
1926	905	0	—	3	3.31
1927	923	0	—	0	—
1928	945	1	1.06	7	7.41
1929	941	1	1.06	4	4.25
1930	976	2	2.05	3	3.08
1931	942	1	1.06	6	6.37
1932	920	1	1.09	0	—
1933	1018	0	—	1	0.89
1934	992	3	3.02	6	6.04
1935	1046	3	2.94	3	2.94
1936	1035	1	0.97	5	4.85
Annual Average: Poole		1.19	1.25	3.25	3.44

It will be seen from the Table on page 8 that the year 1936 has given us one death from puerperal septicaemia and five from other causes associated with pregnancy, two dying outside the Borough. Each of the four deaths in the Borough has been the subject of a special report to the Chief Medical Officer of the Ministry of Health. All occurred in hospital, the three associated deaths being attributed to eclampsia, post-partum haemorrhage, and septic pneumonia respectively.

### PREVENTION OF NEO-NATAL MORTALITY.

Deaths under 1 year of age can be usefully divided into two groups—those under four weeks (the neo-natal deaths), and the rest.

For recent years, the following table summarises the position with regard to the former group.

Year.	Neo-Natal Deaths attributed to					Annual Rate per 1,000 live births	Rate per five- year per- iod.	Annual Infant Death Rate per 1,000 live births	Rate per five year per- iod.
	Antenatal Causes.		Postnatal Causes.		Total				
	No.	%	No.	%					
1919	23	82	5	18	28	36.4	39.2	62.0	70.1
1920	35	83	7	17	42	42.0		75.0	
1921	41	89	5	11	46	48.4		73.6	
1922	27	82	6	18	33	38.2		79.7	
1923	23	88	3	12	26	30.8		60.0	
1924	27	82	6	18	33	43.0	33.5	66.3	60.0
1925	22	81	5	19	27	30.3		71.7	
1926	24	92	2	8	26	30.2		53.4	
1927	30	97	1	3	31	33.5		58.1	
1928	26	93	2	7	28	30.6		50.2	
1929	20	71	8	29	28	30.9	29.0	46.3	49.7
1930	32	97	1	3	33	35.1		57.6	
1931	14	87.5	2	12.5	16	17.7		43.2	
1932	24	92	2	8	26	29.3		55.2	
1933	29	94	2	6	31	32.0		46.4	
1934	25	92.5	2	7.5	27	28.0		44.1	
1935	37	90	4	10.0	41	41.5		44.4	
1936	23	92	2	8	25	25.1		51.2	

The five-yearly rate columns above indicate that the neo-natal mortality is decreasing more slowly than the total infant mortality. The operation of the Midwives Act, 1936, will, in this respect, be watched with interest.

## VOLUNTARY WORK.

*The Borough of Poole Maternity and Child Welfare Association.* The workers of this Association, which is subsidised by the Borough, and is under the guidance of the Medical Officer and the Health Visitors, with six practitioners giving their services voluntarily, continues to give most valuable support to the aims of the Municipal Scheme. It is now in the 28th year of its activities, and is one of the pioneers of this work in the country.

The activities of the Association include a Maternity Provident Club, Savings Bank, Dental Club, Sale of Children's Garments, and loan of Sick Room requisites, bed linen, packs, etc.

*Hants and Dorset Babies' Home and Nursery Training School.* Reference has already been made to this Institution in the Public Health Section of the Report. It has a capacity of 23 cots, and 19 infants were admitted during the year. Of these, 4 were the children of mothers belonging to the Borough.

*Red Cross Children's War Memorial Hospital, Swanage.* Ten young children belonging to Poole had the benefit of this Hospital.

## IMMUNISATION AGAINST DIPHTHERIA.

This Public Health Preventive Service operates amongst the infants and children under school age, as it does for the older elements in the population.

The ultimate aim is to secure that at least 35 per cent. of the infants of the Borough are protected against the invasion of this treacherous and death-dealing disease when they reach the age of one year.

By gradually getting this age group younger and younger until the whole are found in the "one year olds" we will be also approaching the position in which we should be reasonably able to say that we have saved ourselves for the future from the risk of epidemic of one of those banes of early childhood against which we are all now redoubling our energies, viz., Diphtheria, Whooping Cough and Measles.

As a step in this direction 271 of those protected during the year were under 5 years of age, and a special letter which is sent to the parent of every child when that child reaches one year is having a useful effect.

## INFANTILE MORTALITY.

In 1936 the total number of infants dying under one year of age was 51, in 997 live births, giving a mortality rate of 51.2 per 1,000 born. For a partly industrial centre, this may be considered a satisfactory figure, the rate for England and Wales as a whole being 59, and for the larger towns of the country, among which Poole is classed, 63.

Examination of the cause of death (see Table C) as certified by the medical attendant in each case, shows that 32 of the 51 were

directly or indirectly due to some ante-natal cause affecting the mother, which prevented the child from entering the world with a fair chance to survive. In the previous year there were 36 such out of 45.

There were also 38 stillbirths not included in the above figures, and these have to be added to the toll of infant lives sacrificed to abnormal ante-natal maternal conditions, so that altogether 70 potential lives were lost on this account, as compared with 66 in 1935.

25 or 49 per cent. of the infants who died did not survive one month, and are described as neo-natal deaths. 23 of this 25 died from ante-natal causes and 20 were under one week at the time of death.

An endeavour has been made to obtain some information regarding causal factors in the 38 stillbirths reported, a "confidential" letter being sent to the signatory to the notification in each case, and the information filed.

#### **DEATHS OF CHILDREN FROM 1—5 YEARS.**

I repeat on page 12 a comparative table which shows from year to year the proportion of deaths of infants under 1 year and of children under school age. It will be seen that the reduction in loss of infant life, as indicated by the gradual fall in the percentage of infant deaths compared with the total deaths, is not, as some critics would assert, merely a postponement of death into the second year of life. The reduction on the percentage loss of "toddlers" over the period reviewed is greater than that achieved for infants, which goes to show that to whatever causes the improvements in the infants' chance of life is due, these are sufficiently sound to gain enhanced effect as the child grows older. It is not too bold a claim to assert that Maternity and Child Welfare Work is one of these causes.



Year	Popula- tion.	Live Births	Deaths under 1 year	Per cent. of Total Deaths	Deaths 1—5 years	Mean Deaths 1—5 by four- yearly groups.	Per cent. of Total Deaths	Deaths over 5 years	Per cent. of Total Deaths	Total Deaths
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1907	32518	895	68	16.3				316	75.8	417
1908	33217	880	87	19.4	43			318	71.0	448
1909	33524	933	83	17.8	40			343	73.8	468
1910	34168	884	73	16.8	43			318	73.3	434
1911	39102	936	118	21.6	45	42.75	9.0	384	70.2	547
1912	40386	918	81	17.7	28	39.00	8.2	348	76.1	457
1913	41066	910	75	16.6	23	34.75	7.4	354	78.3	452
1914	41889	883	68	14.1	38	33.50	6.9	375	77.9	481
1915	42800	812	76	14.6	38	31.75	6.6	406	78.1	520
1916	42331	840	64	12.0	43	35.50	7.1	428	80.0	535
1917	42335	690	58	11.0	40	39.75	7.7	432	81.5	530
1918	43829	680	55	9.4	36	39.25	7.2	491	84.4	582
1919	41100	769	48	9.1	21	35.00	6.4	458	87.0	527
1920	43400	1024	77	16.4	13	27.50	5.2	381	80.9	471
1921	43649	951	70	13.4	9	19.75	3.8	442	84.8	521
1922	43250	865	69	11.1	32	18.75	3.5	522	84.1	623
1923	43860	845	51	9.8	18	18.00	3.4	454	86.8	523
1924	45150	814	54	10.3	21	20.00	3.9	450	85.7	525
1925	46150	837	60	11.1	20	22.75	4.2	462	85.2	542
1926	49150	861	46	8.3	11	17.50	3.2	496	88.7	553
1927	51030	895	52	8.3	9	15.25	2.4	567	90.3	628
1928	52940	916	46	7.4	22	15.50	2.5	553	89.1	621
1929	53870	905	42	5.9	27	17.25	2.4	640	90.5	709
1930	56150	939	54	7.9	19	19.25	2.8	623	89.5	696
1931	56780	902	39	5.5	23	22.75	3.2	647	91.3	709
1932	58230	887	49	7.2	21	22.50	2.1	612	89.7	682
1933	63510	970	45	6.0	12	18.75	1.6	687	92.3	744
1934	64380	960	39	5.3	9	16.25	1.2	691	93.5	739
1935	65600	1014	45	5.9	12	13.50	1.6	709	92.5	766
1936	66820	997	51	6.3	20	13.25	2.5	736	91.2	807

## PART IV.

# SCHOOL MEDICAL SERVICE.

### I. STAFF AND SCHOOLS.

School Medical Officer	...	R. J. MAULE HORNE, M.A. (HONS.), M.B., CH.B., B.Sc., D.P.H.
Asst. School Medical Officer		G. CHESNEY, M.B., B.Ch., B.A.O., D.P.H.
Ophthalmic Surgeon	...	T. R. AYNLEY, M.B., B.S., D.O.M.S.
Ear, Nose and Throat Surgeon	...	C. SALKELD, B.A., M.B., B.S.
Orthopaedic Surgeon	...	N. ROSS SMITH, M.B., CH.M., F.R.C.S.
Radiologist	...	D. D. MALPAS, M.R.C.S., L.R.C.P.
Anaesthetist	...	J. C. A. NORMAN, M.R.C.S., L.R.C.P.
Dental Surgeons	...	L. B. MYERS, M.B.E., L.D.S. R. G. S. HOLMES, L.D.S.
School Nurses and Health Visitors	...	MISS A. L. HOOPER. MISS L. B. LEVER. MISS E. M. MANSELL. MISS F. E. MORGAN. MRS. H. I. PARTRIDGE. MISS B. A. SYDENHAM.
Chief Clerk	...	F. B. EDWARDS.
Clerk	...	MISS K. D. CODD.

There are in the Borough 15 Public Elementary Schools under the control of the Local Education Authority with a total of 26 departments and accommodation for 7,588 children. For the year ending 31st March, 1936, the number of names on the register was 7,243 and the average attendance was 6,446.

Of the 15 Public Elementary Schools, 9 are Council Schools, with 15 departments and accommodation for 4,949 children and 6 are non-provided schools, with 11 departments and accommodation for 2,639 children.

The Russell-Cotes Nautical School, an elementary school under the control of the Local Education Committee, with accommodation for 70 boys, is situated within the Borough, but being a special school having its own Medical Officer, it does not appear in the figures relating to the School Medical Service proper.

There are in addition 19 private schools, and a survey regarding their accommodation, average number of scholars, age groups, and hygienic conditions has been carried out.

In Table VII. is given the list of schools under the Local Education Authority, with recognised accommodation and statistics of attendance.

## II. CO-ORDINATION.

The fact that the School Medical Officer is at the same time Medical Officer of Health, in charge of the Borough's Maternity and Child Welfare Scheme, and Medical Superintendent of the Borough Isolation Hospitals, admits a unification of control, a continuity of effort, and a possibility of "following-up" which becomes more difficult of achievement in a community of larger numbers.

A School Medical Service is firstly preventive, secondly advisory, and thirdly remedial. In its preventive aspect, its function is to keep healthy children well, and to safeguard them where possible from unhealthy contact. In its advisory aspect, its function is to detect incipient or unrecognised ill-health in the school child, and to direct it to its proper curative guide, the family doctor. The remedial aspect takes shape in two forms—(a) to deal with such minor ailments as do not in themselves demand a doctor's services, but which, if left uncontrolled, may ultimately become more serious, to the detriment of educational progress, and (b) to organise a scheme of treatment for defects of a more specialised nature, which, though requiring expenditure prohibitive in many individual cases, yet when so organised can be economically brought within the reach of all whose health would benefit by its application.

As being special in nature, the defects require specialised treatment, hence the co-operation in the scheme of the services of the local specialist in each sphere—the Eye, the Ear, Nose and Throat, the X-Ray, the Orthopaedic and the Dental Specialist.

To carry the service into effect in as complete a manner as possible, the work is sub-divided into :—

- (1) Routine and Special Inspections by the School Medical Officer, with School Nurse and clerical assistance.
- (2) Class-by-class inspections by School Nurses.
- (3) Clinics for advice and treatment.
- (4) Following-up.

*Medical Inspections.* To systematise this work all children at entrance and at fixed age periods in their curriculum are medically examined. Parents are in all cases invited to be present. Children who are found to have some definite defect or defects are scheduled as "specials" for re-examination periodically, unless in the meantime the defects which can be so corrected have been attended to either by the parent's arrangements with the family doctor, or by means of the School Clinic system in operation.

These medical inspections apply at present to Elementary Schools only.

*Class-by-class Inspections.* The School Nurses visit schools periodically for the purpose of making rapid surveys of general scope, such as personal cleanliness, to detect undesirable, contagious or possibly infectious conditions, and to act generally in

co-operation with the School Staff in preserving the general health tone of the Schools.

*Clinics.* Facilities for advice and treatment are provided as follows :—

(a) *Minor Ailments Clinics.*

- (i) 67 Market Street. Each school day at 9 a.m.
- (ii) Branksome Council Buildings. Each school day at 9 a.m.

Every child sent to the clinic by General Practitioner, by School Teacher, by School Attendance Officer, or by Parent, is seen by the School Medical Officer, who determines whether each is a suitable case for clinic treatment, and if so, arranges for treatment accordingly. If the defect is of a special nature, calling for the services of a specialist, the child in course receives attention at one of the following operative clinics :—

- (b) *Dental Clinic.* 67 Market Street : Mondays, Wednesdays and Fridays, 2 p.m.
- (c) *Eye Clinic.* Room 39, The Municipal Buildings, Park Gates : each Thursday at 2 p.m.
- (d) *Nose and Throat Clinic.* Cornelia Hospital : each Monday morning at 10.30 a.m. with in-patient accommodation for such cases as are considered suitable for retention in Hospital.
- (e) *Orthopaedic Clinic* Cornelia Hospital : each Monday and Thursday at 3 p.m. In-patient accommodation is provided.
- (f) *X-Ray Clinic for Treatment of Ringworm.* Cornelia Hospital : by appointment.

For protection against the dangers of diphtheria, the Public Health Department opened an immunisation clinic in October, 1929. This is held on Wednesdays at the Poole Minor Ailment Clinic at 10.30 a.m., and at the Branksome Minor Ailment Clinic at 2.30 p.m.

For the abnormal child—the dull or backward, the deaf and dumb, the blind or partially blind, the cripple, the epileptic, and the mentally defective—the aim is to arrange in suitable cases for admission to a special class, school or institution, where the child's disability may present the minimum of disadvantage to himself, and those around him, and offer the best chance of progress.

In July, 1935, a comprehensive orthopaedic scheme, to include within its scope both the school-child and the pre-school child, was brought into operation. As the majority of orthopaedic defects originate in infancy and early childhood, it is evident that an orthopaedic scheme which does not embrace the toddler and the pre-school child would not be in any full sense a preventive measure, and would



mean in many cases the postponement of effective treatment until the child was of school age. It is obvious that such a delay would prejudice the ultimate prognosis, and in most cases prolong the necessary course of treatment, thereby increasing the cost of the service. The part of the orthopaedic scheme which relates to school children provides for

- (i) In-patient short-term treatment at Cornelia Hospital ;  
In-patient long-term treatment at Bath Orthopaedic Hospital ;
- (ii) Out-patient treatment at Cornelia Hospital ;
- (iii) Following-up.

A Health Visitor who is also a School Nurse is attached to the Orthopaedic Clinic, and acts as liaison officer between the School Medical Service, the Child Welfare Service, and the Hospital Orthopaedic Staff.

### III. SCHOOL HYGIENE.

No systematic survey of the hygienic conditions of the schools was carried out during the year, but those schools where general conditions are unsatisfactory were kept under observation, and specific defects were rectified where practicable. The hygienic and structural conditions of St. James', St. Peter's, St. Mary's and National Schools are very unsatisfactory.

During the past year, some progress has been made with the scheme for the proposed re-organisation of accommodation in the elementary schools by the transfer of all scholars of 11 years of age and upwards to senior schools. Two senior schools, one at Wimborne Road, and the other at Rossmore, are being provided, the distance between the two schools being about  $2\frac{1}{2}$  miles. Each school will provide accommodation for 480 boys and 480 girls in separate departments, with the necessary playing-field accommodation. The land for the Wimborne Road School has been acquired, and the plans have been submitted for approval. The construction of the Rossmore School has been commenced. Upon these schools being available for the transfer of scholars from the existing schools in the borough it will then be possible for some of the old schools which several years ago were condemned by the Board of Education to be either closed or otherwise dealt with.

### IV. MEDICAL INSPECTION.

The routine medical inspection of the three age groups (Entrants, Intermediates and Leavers) is carried out at the Schools, except in a few instances where suitable arrangements cannot be made without interfering with the school routine. The provision of a room suitable for medical inspection is being considered in projected plans for new school buildings.

During the year 2,177 children were examined at routine medical inspection, 2,047 falling under the prescribed age groups. Of these 772 were entrants, 711 intermediates (children of the age of 8 years) and 564 leavers (children aged 12).

The number of children presented for special inspection was 3,785, of whom 3,181 were seen at the Minor Ailment Clinics. The remainder were inspected at the schools during routine visits, or by special appointment at the School Medical Office.

## V. FINDINGS OF MEDICAL INSPECTION.

A detailed list of defects found as a result of routine medical inspection is given in Table IIA, and in Table IC is recorded the number of individual children in each code group requiring treatment for defects other than uncleanness, dental disease and malnutrition.

*Uncleanliness.* In two important categories, the findings of routine medical inspection cannot be regarded as a true indication of the children's actual everyday condition. The majority of the mothers make an effort to present the children to the examining doctor looking their best as regards clothing and cleanliness. In 1936, of the 2,177 children inspected, only 5 are recorded as unsatisfactory in clothing or footwear. Observations at the minor ailment clinics and at unexpected visits to the poorer schools suggest that these low figures do not reflect the actual state in respect of clothing and footwear, though it is not suggested that there is any marked deficiency. With regard to uncleanness, no children were found to have head lice, but 106 had one or more nits, while 5 children had petechiae obviously caused by the bites of fleas. Only a few of the 106 children found to have nits were markedly infested, the majority of the heads indicating by odour that the mother had been endeavouring to rectify the condition before presenting the child for inspection. There are a number of children who are chronic offenders, and whose parents do not willingly co-operate in the endeavour to improve the cleanliness level of the schools.

*Nutrition.* Of the 2,177 children examined at routine medical inspection, 26 were found to be suffering from a decided degree of malnutrition. Poverty and its consequent effect upon the family dietary were not in all cases responsible for the condition of defective nutrition found. A further 239 children were recorded as being slightly below the standard of nutrition regarded as normal. In the absence of any convenient and scientifically accurate mode of assessment, the "normal" standard must necessarily vary with the opinion and perspective of the examining medical officer.

*Teeth.* The figures given below are the results of the School Medical Officer's inspection, not of the Dental Specialists, and are given to show the general trend of the results.

Percentages with	1932	1933	1934	1935	1936
All teeth sound ... ..	46.7	41.5	39.3	42.9	42.0
1—3 Defective ... ..	36.2	35.9	38.8	37.1	34.6
4 or more Defective ...	17.1	22.6	21.9	20.0	23.4

The round 20 per cent. at the bottom of the scale are to a great extent "irreconcilables," who are likely to remain in spite of advice and teaching. Apart from these irreconcilable objectors, inspection shows that even by the age of five years the temporary teeth have been the victims of injudicious training and diet to such an extent as seriously to interfere with successful effort on the part of the dentists to preserve them. Education of the parent in the sphere of child welfare has not up to the present penetrated sufficiently with regard to suitable diet for and care of the milk teeth.

It is disappointing to note that the percentage of children with all teeth sound has not improved during the past five years. This may be a result of economic depression and suggests that the vitamin and calcium content of the children's diet has suffered by the necessity for household economy. An increase in rickets observed at the Child Welfare Clinics during the past few years supports the opinion that in many instances the father's unemployment or reduced income has meant a reduction in those foods essential for the proper development of teeth and bone.

It is, however, gratifying to find that whereas, in the entrants' group only 32.9% have all teeth sound, with 39.8% showing 4 or more carious, in the leavers group, 63.2% have a sound set of teeth, and only 1.9% showed 4 or more carious.

The following figures for the year show both the high ratio of decay in the young children and the desirable results of the Dental Service in the older scholars.

	Entrants	Intermediates	Leavers	Total
Examined ...	772	711	564	2047
Teeth sound ...	32.9%	34.9%	63.2%	42.0%
1—3 decayed ...	27.5%	42.3%	34.9%	34.6%
4 or more decayed ...	39.8%	22.8%	1.9%	23.4%



*Vaccination.* In accordance with the instructions on vaccination issued by the Ministry of Health, one or more marks are accepted as evidence of effective vaccination. In 1936 :—

of 772 entrants examined, 11.9 per cent. were found to be vaccinated ;

of 711 intermediates, 18.6 per cent. were found vaccinated ;

of 564 leavers, 20.2 per cent. were found vaccinated.

## VI. FOLLOWING-UP.

At the School Medical Inspection, the parents of children found with minor defects are given verbal instructions regarding the necessary treatment, and in suitable cases the children are referred to the Minor Ailment Clinics. More serious defects are followed up by a formal printed notice to the parents. Dental cases are referred to the Dental Clinic. Cases of unhealthy or enlarged tonsils and adenoids are admitted to the Cornelia Hospital for operation under the School Medical Scheme, and orthopaedic defects are dealt with at the Authority's Orthopaedic Clinic at the Cornelia Hospital.

Defective children are re-inspected by the Medical Officer at the school as " specials " and the notice to parents regarding treatment is sent a second time if it is found that no steps have been taken to deal with the defect.

A " following-up " card is issued to the School Nurse in respect of each child ascertained to be suffering from a special defect, and periodic visits are made to ensure that the child is receiving the treatment necessary for its special condition. Defects discovered at the Child Welfare Clinics are similarly kept under the observation of the Health Visitor, and a continuous record of the child's defect through its pre-school and school years is thus maintained.

Unaccountable absences from school are followed up by the School Attendance Officers, and many of these absentees are subsequently referred to the clinics.

The School Nurses paid 239 " rapid inspection " visits to the schools, covering in these inspections 31,644 children, and passing on to the appropriate clinic for necessary advice or treatment 310 of the children.

## VII. MEDICAL TREATMENT.

The Minor Ailment Clinics at Poole and Branksome are open from 9 to 10 a.m. each school day. Children are referred to these clinics from the school medical inspections, from the schools by the School Nurses or Head Teachers, by the Attendance Officers, or are brought by their parents. Minor ailments are attended to by the Medical Officer and the Nurses, and special defects are referred



to the appropriate clinic or the hospital, while general medical or surgical conditions are referred, as a rule, to the family doctors, and in certain special cases to the hospitals.

During the year 2,367 individual children attended the Minor Ailment Clinics. These children made 3,117 first attendances for the treatment of a minor ailment or for special inspection or advice, and 9,646 subsequent attendances were made for treatment. The total number of attendances at the clinics was 12,763.

*Uncleanliness.* During the year the School Nurses made an average of six visits to each school for inspection of the children with regard to uncleanliness. In these visits 30,215 children were inspected. 297 children were found to be unclean on account of infestation by the head louse or its eggs, the majority when detected harbouring nits only. 61 children were excluded from school until the condition had been rectified, and 86 attended with their parents at the Minor Ailment Clinics for advice as to the most appropriate means of effecting cleansing. Special combs are kept at the clinics, and are lent out when necessary. Repeated instructions have been given to the parents regarding the methods of dealing with this uncleanly condition.

*Minor Ailments and Diseases of the Skin.* Ringworm of the body was treated in 11 children, and 4 cases in which the diagnosis was in doubt were kept under observation. Fifteen cases of scabies were dealt with, and 13 suspected cases were kept under observation. Sixteen children were treated for impetigo, and 186 cases of other skin diseases or defects came under notice during the year, of which 175 were treated, and 11 kept under observation.

*Visual Defects and External Eye Disease.* 127 cases of minor eye defects were dealt with at the minor ailment clinics, the majority being blepharitis, conjunctivitis and minor eye injuries.

The number of children referred for the first time to the Refraction Clinic was 202. Of these 130 actually attended. A further 206 children who had in previous years been provided with glasses were notified to attend for a re-test, and 145 actually attended for re-examination of their sight. 369 defects were dealt with, including 72 cases of squint, 47 myopia, 74 myopia and astigmatism, 80 hypermetropia and 79 hypermetropia and astigmatism. Of the above, spectacles were prescribed for 196, of whom 187 took advantage of the Borough Scheme to obtain glasses or new glasses. After the provision of spectacles, parents are advised to bring the child to the school clinic so that the fit and suitability of the glasses may be confirmed.

*Nose and Throat Defects.* Defects of the nose and throat were dealt with in 413 children. 386 children were referred to the Cornelia Hospital for operative treatment under the School Medical Service Scheme for unhealthy or obstructed tonsils and adenoids.

Of these 243 actually attended and received operative treatment. An additional 5 cases received operative treatment by private arrangement with the hospital.

A conservative attitude towards operative interference has been adopted, but the number of cases found to require operative treatment to cure or prevent affections of the upper respiratory passages has not diminished.

*Ear Disease and Defective Hearing.* Defects of the ear and hearing were treated in 79 cases. Cases of chronic otitis media were referred to the Aural Surgeon at Cornelia Hospital, and where indicated, tonsils and adenoids were removed with a view to clearing up the condition.

*Dental Defects.* 507 children attended the Minor Ailments Clinic regarding dental treatment. This is continued testimony to the popularity of the clinic for a usually distasteful proceeding.

The Dental Surgeons inspected at the schools 6,451 children, of whom 4,054 were ascertained to require treatment. Altogether, 1,158 actually attended the dental clinic for treatment, making 2,060 attendances. There is not included in these figures a proportion of children whose parents, on the information and advice gained by the inspections, obtained dental treatment otherwise than through the School Dental Clinic.

Analysis of the ages of children inspected by the dental officers, and the proportion requiring treatment, is given below :—

Ages	5	6	7	8	9	10	11	12	13	14	Total
Inspected	589	678	779	761	796	738	649	680	665	116	6451
Referred for treatment	355	400	450	465	465	416	356	419	448	80	4054
Percentage requiring treatment	60.3	58.9	57.8	61.1	58.4	56.4	54.9	61.6	67.4	68.9	62.8
Percentage in 1935	56.2	58.5	55.7	58.6	56.6	53.3	57.5	65.8	67.8	65.2	59.1

Mr. Myers, the Senior Dental Surgeon, reports as follows :—

I again have pleasure in presenting the Report of the School Dental Clinic for the year 1936.

The work proceeds satisfactorily ; in fact the year shows an all-round increase, both in numbers and amount of work done.

Of course, as I have pointed out before, the amount of dental treatment carried out depends upon the parents,

the majority of whom, I am sorry to say, do not take advantage of the opportunities offered.

The full account of the work done by Mr. Holmes and myself will be found under Table IV, Group IV as in previous reports.

LANCE B. MYERS,

M.B.E., L.D.S., R.C.S., ENG.

*Orthopaedic and Postural Defects.* 40 cases of orthopaedic defect were seen at the minor ailment clinics, of whom 34 were referred for treatment and six were kept under observation at the clinics. 87 cases of orthopaedic defect in school children were treated at the Orthopaedic Clinic at Cornelia Hospital during the year. Of these 21 cases were admitted for residential treatment.

The conditions dealt with in these 87 cases are shown below :—

Congenital defects	...	...	14
Traumatic deformities	...	...	7
Rachitic deformities	...	...	3
Paralytic deformities	...	...	21
Postural defects	...	...	42
			—
Total	...		87
			—

The report of the Orthopaedic Surgeon on the year's work is as follows :—

The Orthopaedic Clinic has worked smoothly and satisfactorily in the past year, necessitating as it does close co-operation between the Borough Authority officials and the Cornelia Hospital. It can be said that the majority of the cases accumulated in the area of the Borough before the scheme came into operation have now been placed under treatment, so that in future the number of cases having treatment at one time will be considerably less than in the past year. On the whole, the parents or guardians of the children being treated have co-operated eagerly to make the scheme a success.

In dealing with many cases, the need for a Voluntary Cripples' Welfare Association in the Borough has been shown. Such an association is needed to supplement the work of the school and child welfare medical officers and the doctors and nurses practising in the Borough in discovering cripples ; to assist in the prevention of crippling ; to take care of the social aspect of the work ; and to raise funds for the treatment, after-care and vocational training and employment of crippled children over school age and of adult cripples, for most of whom the Public Authority is not responsible. It is hoped that some public-spirited persons will come forward shortly to start an association of this kind, with which I would be most happy to co-operate.

N. ROSS SMITH, M.B., CH.M., F.R.C.S.



*Heart Disease and Rheumatism.* One case of organic heart disease and 6 of functional derangement were seen at the clinics. There were also 11 cases exhibiting rheumatic symptoms. They were referred to hospital or to the family practitioner for treatment.

*Tuberculosis.* The Dorset County Council is the authority responsible for the treatment of all forms of tuberculosis, and actual or suspected cases are referred to the County Dispensary, King Street. 3 definite and 9 suspected cases of pulmonary tuberculosis were seen at the minor ailment clinic during the year and 11 non-pulmonary cases were dealt with. The opinion of the Tuberculosis Officer is obtained before allowing the attendance at school of a tuberculous child.

*Nervous System.* Eight cases of epilepsy and petit mal, one case of chorea, and four other nervous diseases were dealt with during the year.

*Other Diseases and Defects.* 940 cases of sores, bruises, chilblains and minor injuries were treated during the year. 165 children attended on account of infectious disease, the majority being convalescents brought by their parents for examination prior to their return to school, and 77 cases of feverish cold presented themselves and were referred elsewhere for treatment. In 53 cases, parents consulted the Medical Officer regarding their children's health, the children being at the time well, but presenting some health problem regarding which the parent required advice.

### VIII. INFECTIOUS DISEASES.

Through the intimate co-ordination between the School Medical Service and the Public Health Department, an efficient follow-up is maintained in all cases of infectious disease notified. The school nurses are early informed by the head teachers when a case of illness suggestive of an infectious disease occurs in a school child, and appropriate steps are taken to safeguard the school community.

During the year, apart from a severe outbreak of enteric fever, full reference to which is made in the Public Health Section of this Report, the incidence of infectious disease amongst school children has not been exceptional. During January and February measles was prevalent in several of the infant schools, and 13 low attendance certificates were issued on this account. Seven deaths occurred, six being in children under school age.

The typhoid outbreak, which began in the school holiday month of August, was a milk-borne infection, and in consequence a large number of children were infected. 57 cases in children were notified, of whom 26 attended public elementary schools. The school holidays ended on 31st August, and on this day lists of absentees



were obtained from the head teachers of each school, and the school nurses carried out a careful follow-up of all these children. The medical officer investigated every case of absence from school for which there was not a clearly established reason, and by this means several undiagnosed cases of typhoid in school children were discovered and dealt with.

The incidence of scarlet fever, was about the same level as that for the preceding two years, 42 cases occurring in school children compared with 41 cases in 1935 and 37 in 1934. The disease was of a mild type, and there were no deaths. It was not confined to any particular area of the Borough, but showed a wide and general distribution.

Diphtheria incidence has remained at a low level, being 0.30 per 1,000 population. Only 12 cases occurred in school children, and 3 cases in the pre-school group. The type of the infection, as measured by the mortality, was severe, 4 deaths occurring amongst school and pre-school children. None of the children attacked had received diphtheria immunisation. One virulent nasal carrier was discovered and dealt with.

1,066 swabs of nose or throat were taken at schools or school clinics during the year. The carrier rate was exceptionally low.

Diphtheria immunisation, commenced in October, 1929 has been actively continued during the year, 965 children being dealt with at the clinic. In the absence of epidemic diphtheria, it is increasingly difficult to interest the parents in the vital question of protection against possible future danger. The stimulus of parental anxiety is lacking, and in the absence of fear, indifference flourishes. Hence it is gratifying that, in spite of the continued low incidence of the disease in the borough, the number of children brought to the immunisation clinic during 1936 shows an increase of 521 over the figures for 1935.

Three schools deserve special mention on account of their good immunisation figures: Broadstone School, in which 71% of the children have been immunised, Canford Village, in which the percentage is 56, and Hamworthy, which has about 50%. It is to be hoped that other schools in the Borough will follow the lead set by these three schools, and similarly safeguard themselves against invasion by diphtheria.

A special report on research work carried out at the immunisation clinics is given in Section XVIII of this report.

## IX. OPEN-AIR EDUCATION.

There are no open-air schools in the Borough, but in the proposed plans for new schools and in recent additions and alterations to existing schools the aim has been to approach as nearly as practicable the open-air type of school building. In some schools during favourable weather, classes are held in the playgrounds.

## X. PHYSICAL TRAINING.

There is no organiser of physical culture under the local Education Committee, but many of the teachers have had special instruction in this branch of education, and in the curriculum of all the schools time is set apart for exercises, and physical training.

Organised games are played in most of the schools, and football, netball and cricket are popular.

It is being more widely recognised that a good posture and correct carriage cannot be attained in growing children unless they are trained and taught how to attain these.

## XI. PROVISION OF MEALS.

During the year the Local Education Authority took advantage of the scheme of the Milk Marketing Board, under which milk is available for supply to children in elementary schools at reduced rates, and arranged for the supply, free of cost, of milk and a specially made wheaten biscuit to necessitous children who are unable by reason of lack of sufficient nourishment to take full advantage of the education provided for them, the selection of children for a free issue being made by ascertainment by medical inspection.

In certain cases the issue of milk and biscuits is repeated in the afternoon, and in a few more marked cases of ill-nourishment, this is supplemented by cod liver oil and malt twice daily. The number of children to whom free milk and biscuits are issued varies from month to month, but may be taken as an average of 500.

In addition to the free issue of milk to necessitous malnourished children in elementary schools, milk is also available on payment to any other children desiring milk, the milk being supplied under arrangements made by the teachers, and approved by the School Medical Officer. These added facilities have resulted in a fourfold increase in the consumption of milk in the elementary schools. All milk supplied to the schools is pasteurised.

## XII. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

*Co-operation of Parents.*—The parents of all children are requested to attend at the routine medical inspections, so that in case of abnormal conditions an accurate history of the defect can be ascertained and suitable advice given.

The interest taken by the parents in this work for the maintenance of the health of childhood continues, as shown by the following table, which indicates a steady increase in the number of parents attending the routine inspections.

PERCENTAGE OF ATTENDANCE OF PARENT OR GUARDIAN.

	1931	1932	1933	1934	1935	1936
Entrants ...	67.3	70.5	76.6	69.2	79.7	78.9
Intermediates	50.7	53.9	59.8	57.6	61.9	62.3
Leavers ...	27.1	29.5	32.7	31.9	31.3	35.8

A large number of parents accompany the children referred to the Minor Ailment Clinic, and in the majority of cases show keen interest in the welfare of their children and in the efforts of the school medical staff to attain and maintain a high standard of fitness in the children under their care.

*Co-operation of Teachers.*—There is close co-operation between the School Medical Service and the teachers. The lists of children for routine medical inspection are submitted by the teachers, and children presenting evidence of special defect are reported by them to the department, or referred to the school clinic for inspection. Reports on cases of suspected mental deficiency are submitted for the attention of the medical officer, and on all matters relating to the health and cleanliness of the children the assistance of the teachers can be relied upon.

*Co-operation of School Attendance Officers.*—The Attendance Officers work in close touch with the medical service. Consultations regarding individual children are frequent, and all exclusions from school are reported daily by the department to the attendance officers, who in turn report to the medical officer or school nurse cases of sick children absent from school who are not receiving medical attention, and in suitable cases arrange for their attendance at the minor ailments clinics.

*Co-operation of Voluntary Bodies.*—Voluntary organisations which are engaged in work associated with the welfare of school children are the Council of Social Service, the National Society for the Prevention of Cruelty to Children, The Poole Post-War Brotherhood and The Rotary Club.

The Local Inspector of the N.S.P.C.C. is always willing to co-operate with the department in dealing with cases of medical neglect, and carefully follows up all children reported to him, thereby rendering great assistance in dealing with difficult and careless parents. During the year the Inspector investigated in the Borough 60 new cases, affecting the welfare of 176 children. 256 supervision visits and 348 miscellaneous visits of enquiry were made in connection with these cases. 142 of the children concerned were of school age. In some cases, advice only was required; in others, the parents were warned, and the families kept under supervision until the condition of the children and the homes was considered satisfactory.



The Children's Holiday Fund of the Poole Post-War Brotherhood arranges Summer Camps, and, during 1936, 58 school boys were sent to Fort Garner Camp for nine days and 60 school girls were given a holiday at private homes at Hedge End and Salisbury. 30 children were supplied with boots and shoes and others were fitted out with articles of clothing. The clothing and footwear were supplied to any children who through lack of these would have been unable to take advantage of the holiday offered. These children were medically inspected by the School Medical Officer before proceeding to the holiday camps.

The Swanage Red Cross Children's Memorial Hospital received during the year three delicate children of school age for a period of convalescence averaging 40 days, the parents contributing by arrangement.

The Poor Children's Breakfast Fund organised by the Westbourne Congregational Young Men's Class distributed over 200 pairs of footwear.

The Poole Rotary Club has in operation a scheme whereby in necessitous cases transport is available for children on admission to or discharge from hospital, and indirectly, through the Council of Social Service, assists needy children in various directions.

### **XIII. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

Table III gives particulars of all exceptional children of school age in the area. A register is kept of all such children and on a special defect card is recorded all information obtained regarding each case. New cases are ascertained by the medical officers in the course of their inspections, and by the school nurses. The attendance officers and the teachers also notify to the department any cases coming to their notice.

There are in Poole no special schools for blind, deaf, mentally defective, and epileptic children, and there are no special classes for dull or backward children in the borough, but in two of the larger schools classes have been formed in which retarded children attending these schools are given the individual assistance in their studies which they require. The formation of additional classes for educationally defective children is urgently needed.

As there is not in the borough a sufficiency of teachers with the necessary training to fit them for the special instruction of dullards, financial provision has been made for the preparation of suitable teachers already on the staff of the Local Authority for this specialised form of education, so that a supply of trained staff may be available when required. Several teachers have attended special courses of instruction and study with this object in view.

Institutional arrangements for the deaf, dumb and blind are in force, and at present three children are at schools for the deaf.



Three children are at a school for the blind, and two blind children are attending hospital for treatment, prior to admission to a special school. Four children are at special schools for the care of severe epilepsy, and one crippled child is at an orthopaedic special school.

During the year 21 children were examined for mental abnormality. All these, excepting those so grossly defective as to be incapable of responding to such an examination, were tested by Burt's Revision of the Binet-Simon Tests for general intelligence and by performance tests. Of these children 6 were notified to the Local Authority for Mental Deficiency. 14 were certified as being feeble-minded, and one was found to be dull.

The necessity for the complete ascertainment of all mentally defective children in the area is recognised so that efforts may be made to provide for these children the education, training or care best suited to each individual case.

#### **XIV. NURSERY SCHOOLS.**

There are no nursery schools, but at most of the infants schools there are what might be described as nursery classes, where children under five are taught and cared for. In the denser parts of the Borough it is found that the majority of the children are sent to school about the age of  $3\frac{1}{2}$  to 4 years, and although from the educational point of view the wisdom of this early start may be debated, there is no doubt that the earlier a child comes under the supervision of the School Medical Service, the greater is the opportunity for the correction of existing defects.

In the nursery classes, the work is essentially very elementary and its value is more social than educational. Some schools have made provision for a period of rest for the youngest in the afternoon, and an extension of these arrangements to all nursery classes would be beneficial.

#### **XV. SECONDARY SCHOOLS.**

The School Medical Service does not embrace the two Grammar Schools in the Borough, the routine medical inspection of the pupils of these schools being up to the present under the control of the County Council, which is the authority for Higher Education.

#### **XVI. PARENTS' PAYMENTS.**

The Scheme of Charges for Clinic Treatment based on a scale of income and approved by the Board of Education is as follows :—

*Conditions as to Free Treatment and Payment.* Treatment at all Clinics is provided FREE for families where the weekly income from all sources is below the following figures :—

	No. of Children under 16 years.						
	1	2	3	4	5	6	7
Where both Parents or Guardians are alive	£1 10s.	£2	£2 10s.	£3	£3 10s.	£4	£4 10s.
Where one Parent or Guardian is alive	£1 5s.	£1 15s.	£2 5s.	£2 15s.	£3 5s.	£3 15s.	£4 5s.

For families where total weekly income is above these amounts, the following CHARGES per child are made, PAYABLE IN ADVANCE.

1. *Minor Ailments.* Free for first fortnight. Thereafter 1/- for three months' treatment.

2. *Provision of Spectacles.* Cost of spectacles.

3. *Dental Treatment.* Sixpence per attendance, or 1/- for two or more necessary attendances.

4. *Tonsils and Adenoid Treatment.* Tonsils alone, 5/-. Combined treatment, 7/6.

5. *X-Ray Treatment of Ringworm,* 5/-.

The charges for Orthopaedic Treatment under the Authority's Scheme are as follows :—

Weekly Income from all sources after deducting 5/- for each child under 14.				Per week.
<b>In-Patients.</b>				
(a)	Up to	£1/10/0	...	Nil
(b)	Over	£1/10/0	and up to £2	1/6
(c)	"	£2	" " £2/10/0	2/6
(d)	"	£2/10/0	" " £3...	5/-
(e)	"	£3	" " £3/10/0	7/6
(f)	"	£3/10/0	" " £4/10/0	15/-
(g)	"	£4/10/0	...	by individual case consideration.
<b>Out-Patients.</b>				
(a), (b) and (c)	above	...	...	3d. per attendance.
(d), (e)	"	...	...	6d. " "
(f), (g)	"	...	...	1/- " "
<b>Splints and Appliances.</b>				
(a)	Under	£1/10/0	...	Nil
(b)	Over	£1/10/0	and up to £2	10%
(c)	"	£2	" " £2/10/0	20%
(d)	"	£2/10/0	" " £3...	30%
(e)	"	£3	" " £3/10/0	50%
(f)	"	£3/10/0	...	Whole.

The amounts received in reduction of the gross cost of the School Medical Service during the years 1932, 1933, 1934, 1935 and 1936 have been £31 3s. 0d., £27 4s. 6d., £31 1s. 6d., £25 11s. 4d. and £27 6s. 6d. respectively.

## XVII. HEALTH EDUCATION.

Copies of the following are in possession of all Elementary School or Department Heads :—

Handbook : “ Hygiene of the Mouth and Teeth,” issued by the Dental Board of the United Kingdom.

Handbook : “ Suggestions on Health Education,” issued by the Board of Education.

Easily assimilated books of practical advice prepared by the Health and Cleanliness Council—“ Keep Fit ” for boys and “ Health and Beauty ” for girls—are being distributed via the School Dental Clinics to the elder children.

Details of Health Education Propaganda will be found in the Public Health Section of the Annual Report.

## XVIII. SPECIAL REPORT.

### EIGHT YEARS OF DIPHTHERIA IMMUNIZATION IN POOLE.

(by GEORGE CHESNEY, M.B., B.Ch., D.P.H., Deputy Medical Officer of Health, Poole).

Since Park in 1922 reported the results he and his colleagues had obtained in the protection of children against diphtheria by the injection of mixtures of diphtheria toxin and antitoxin which he had introduced in 1913, a slow but progressive advance has been made in the preparation of non-toxic prophylactics of greater potency, efficiency and dependability.

Diphtheria toxoid, which is toxin detoxicated by treatment with formalin so that the toxic elements are eliminated without destroying its immunizing properties, is now the basis of all diphtheria prophylactics used in this country and has entirely superseded the use of the potentially dangerous mixtures of toxin and antitoxin. In Canada and on the continent of Europe toxoid (anatoxine) alone has been in common use ; in the British Isles and in the United States of America toxoid-antitoxin mixtures have been for some years popular, but during the past two years a more efficient toxoid preparation—alum precipitated toxoid—has been used on an increasing scale with very promising results.

Alum-precipitated toxoid is a suspension in saline of the precipitate formed when toxoid and alum are mixed, and it has been found that this relatively insoluble precipitate by reason of its slow absorption by the body tissues maintains a prolonged immunizing stimulus equivalent to the injection of several doses of the more rapidly absorbed toxoid or toxoid-antitoxin preparations. Johan (1936) reported that “ in animal experiments it was found that a dose of A.P.T. formed a ‘ depot ’ in the tissues which retained its antigenic properties for 32 to 38 days.” (In an investigation in New York City it was found that some time after a single dose of A.P.T. the average antitoxin content of the blood was 0.115 units, after three doses of T.A.M. 0.036 units, and after two doses of F.T. 0.026 units). For this reason the use of A.P.T. in a single dose of 0.5 cc. or 1 cc. has been advocated, and the results obtained indicate that a Schick negative rate of 93 per cent. (Johan, 1936) to 98 per cent. Saunders, 1937) can be obtained following a single dose of alum precipitated toxoid of dependable antigenic potency.

There are however three disadvantages to be considered in the use of the single dose procedure.

Firstly, the initial advantage of simplification of method by the reduction of the number of injections is diminished if the resultant Schick negative rate is not so consistently high that there is little if any need for Schick testing after treatment to detect those who have failed to develop immunity. I suggest that to justify the omission of

the Schick test in routine work the rate of failure to develop Schick immunity should not exceed one per cent. Only in areas where the natural immunity rate is high will it be found that a single dose of alum precipitated toxoid produces results approaching a negative rate of 99 per cent. Dudley (1936) points out that "the lower the percentage of Schick immunes in a natural population group the harder will it be to immunize the Schick susceptible fraction of that group by anti-diphtheria inoculations; because, on the average, the amount of latent immunization a group has undergone is proportional to the percentage of Schick negative reactors it contains."

Secondly, in using a single dose of A.P.T. it is necessary to give at least 0.5 cc. of the prophylactic. It has been found, especially in areas where the natural immunity rate is high, that the number of children who develop sharp local reactions to this dose is not negligible, and to avoid unpleasant reaction difficulties a means of detecting these children is desirable. The Moloney skin-test for hyper-sensitiveness can be used for this purpose, but its use nullifies the simplicity of the one-dose method. Reference is made later to the "detector dose" which, used in the two-dose method described, renders the use of the Moloney test unnecessary.

Thirdly, it has not yet been definitely shown that with a single dose of A.P.T. the Schick relapse rate is sufficiently low to be ignored. Volk (1935) in America found that with one dose of A.P.T. there was at the end of six months a relapse rate of 9.5 per cent, though Johan (1936) in Hungary reports that in Schick positive children 93.3 per cent. were negative two months after a 1.0 cc. dose of A.P.T. and over 90 per cent. were still negative two years later, and Park (1936) records that of children immunized with one dose of A.P.T. 95 per cent. were Schick negative 2 to 3 years later.

#### Results Obtained in Poole.

In Poole, since the commencement of diphtheria immunization in 1929 to the end of 1936, 3,769 persons have been dealt with, of whom 3,434 were given a course of immunizing injections. As more potent and efficient antigens became available it was possible, after careful assessment of the results obtained, to simplify the procedure employed, until at present a virtual 100 per cent Schick negative rate is being maintained following the injection of two small doses of a reliable prophylactic: with this method the necessity for Schick testing after immunization no longer exists. That the local child population is not one which is readily "immunizable" because of high latent immunity is shown by the Schick positive rate obtained in children tested before inoculation. 1,129 children were Schick tested prior to immunization and 865 gave positive reactions, the susceptibility rate being 76.6%. With few exceptions the ages were between 10 and 15 years, and with this high susceptibility rate in the older children, it is obvious that in children under 10 years of age the Schick positive rate must be high, probably 80 per cent. or over. (In 1936, 78.6 per cent. of 210 children over 10 years of age were Schick positive). 1,659 children between 5 and 10 years and 894 under 5 years were treated without a preliminary Schick test.

Three diphtheria prophylactics have been successively used in routine practice at the immunization clinics—Toxoid-Antitoxin Mixture (1929-1932), Formol Toxoid (1933-1934) and Alum - Precipitated Toxoid (1935-1936).

The following table records the number of children treated with each type of prophylactic, the course of injections and the percentages found to have developed "Schick" immunity following treatment.



DIPHTHERIA IMMUNISATION, POOLE 1929-1936.

Year	Prophylactic.	Number of children treated.	Number of doses.	Amount of doses.	Interval between doses.	Number Schick tested after injections.	Interval between final injection and Schick test.	Percentage Schick negative
1929 to 1932	Toxoid-antitoxin (T.A.M.)	1429	3	1 cc. + 1 cc. + 1 cc.	One week.	946	24 weeks.	86.3%
1933 and 1934	Formol Toxoid (F.T.)	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">{</div> <div style="margin-right: 10px;">351</div> <div style="margin-right: 10px;">409</div> <div style="margin-left: 10px;">}</div> </div> 760	*2	Total dosage varied from 0.4 cc. to 1 cc.	Two to three weeks.	347	4 to 6 weeks.	87%
			*3	Total dosage varied from 0.8 cc. to 1.8 cc.	Two to three weeks.	399	4 to 6 weeks	95%
1935 and 1936	Alum-precipitated Toxoid (A.P.T.)	1159	*2	0.2 cc. + 0.4 cc.	Four weeks	†1110	8 weeks	99.8%

\* Includes the small "detector dose" of 0.1 cc. or 0.2 cc. used instead of the Moloney test.  
 † 521 children were tested with "standard" and 589 with "four-fold" Schick toxin

### Toxoid-Antitoxin.

Toxoid-Antitoxin was used in 1,429 children, three injections of 1 cc. being given at weekly intervals. 66% of these children were Schick tested four to six months after injection and 86% were found to be Schick negative. Reaction difficulties were uncommon and generally uneventful. A comparison of the results obtained with T.A.M. (Horse) and T.A.M. (Goat) showed no appreciable difference between these two toxoid-antitoxin preparations, from point of view either of immunity developed, or of reactions encountered.

### Formol Toxoid.

In November, 1932, the Ministry of Health in its Memorandum on "The Production of Immunity against Diphtheria" recommended the use of Formol Toxoid. With this prophylactic sharp reactions are more common than with T.A.M., and the use of the Moloney test prior to immunization was advised to detect those persons who are liable to have severe reactions through hypersensitiveness to some constituent of the prophylactic. At first this inconvenient skin test was used, but later I found that it could be dispensed with, and a safe and reliable indication of hypersensitiveness obtained by the use of a small dose of the toxoid (0.1 or 0.2 cc.) given subcutaneously as a primary dose. This small dose, acting both as an immunizing stimulus, and as a detector of hypersensitive persons, I called the "detector dose." (Chesney, 1934).

760 children were treated with potent formol toxoid and I found that the immunity rate after inoculation was higher and the development of the Schick negative state more rapid than with T.A.M. The method employed was either, using a toxoid of high Lf value, to give the detector dose followed in two weeks by a larger dose, or following the detector dose to give at intervals of two weeks two doses of a weaker toxoid so that in both courses of injections the total Lf dosage was approximately equal.

It was found that in the children who had two doses of Formol Toxoid a Schick negative rate of about 87% was obtained four to six weeks later, whereas the Schick negative rate of the children who had three doses was about 95%. These results showed that even when the total immunizing value of the injections was equal two doses of F.T. were not so efficient as three doses.

### Alum-precipitated Toxoid.

In 1931 I used in small doses a mixture of toxoid and alum in 34 Schick positive children and found that "Schick immunity" was developed rapidly. Some reaction difficulties, however, were encountered, and the use of this prophylactic was not continued.

Early in 1935 another preparation of toxoid and alum—alum precipitated toxoid—was tried (Chesney, 1936). In this improved prophylactic a large proportion of the reaction-producing constituents of the toxoid has been removed, and it was found, when used with the detector dose, to be comparatively free from the reaction difficulties of the earlier toxoid and alum mixtures. 1,159 children have been treated with this prophylactic with highly satisfactory results both from point of view of the rapid immunity acquired and of freedom from sharp reactions. The procedure has been to give subcutaneously a small primary dose of 0.1 cc. to children over ten years of age, and 0.2 cc. to children under 10; followed four weeks later in non-reacting subjects by 0.4 cc. In children who showed any appreciable reaction to the detector dose the amount of the second dose was reduced in proportion to the degree of the reaction.

By this means sharp local reactions have been avoided, and reaction hazards have been negligible. A small indurated nodule at the site of the injection is commonly found some days after inoculation. This "lump," which may persist for several weeks, causes no inconvenience and is frequently unnoticed by the patient. It is the "depot" in the tissue of the slowly absorbed prophylactic. Occasionally, however, as a result of traumatic

irritation, a local liquefaction of tissue occurs. I have had four such sterile "abscesses" in some 2,500 injections. In each of these there was a history of a blow on the injection site. The small collection of liquefied tissue and remaining toxoid and alum was easily evacuated from its superficial site, and the lesion healed within forty-eight hours.

### Schick Test Results.

In 1,110 children Schick tests performed two months after the second dose of A.P.T. gave a negative rate of 99.8 per cent. This highly satisfactory result is all the more significant in view of the fact that in over half of the 1,110 children tested a "four-fold" Schick toxin was used instead of the usual "standard" Schick toxin.

In 1934 I had used a "four-fold" test in children who had been immunized with Formol Toxoid, and had found that, using this test and the standard test simultaneously, there was a 9 per cent. difference between the Schick negative rates obtained. The "four-fold" toxin picked out those children who were "just negative" to the ordinary Schick test, but who had not a sufficiently high antitoxin content of the blood to give a negative result with the stronger four-fold toxin. (Chesney, 1935).

I was interested to enquire whether this two-dose method of immunization converted children to the "just negative" condition, or to a higher level. I therefore used "fourfold" Schick toxin (kindly placed at my disposal by the Wellcome Physiological Research Laboratories). Glenny and Waddington (1929) showed that "multiple-Schick dilutions" could be used to test for a higher grade immunity than the standard dilution. A child who is negative to the "fourfold" dilution has a higher level of circulating antitoxin per cc. than one who is just negative to the standard but positive to the "fourfold" dilution.

589 children who had been treated with the two-dose method described were tested with the "fourfold" Schick toxin, and 521 with the standard Schick toxin two months after inoculation. Only two positives were found in the whole group, and both were positive in the ordinary Schick test. These results indicate that with this method of immunization a higher level of immunity than the "just negative" condition was attained.

The blood of one of the positives was tested, by the kindness of the staff of the Wellcome Physiological Research Laboratories, and 0.02 units of antitoxin per cc. was found. This level of circulating antitoxin indicates a satisfactory immunity to diphtheria, and children with this amount of antitoxin usually show a negative Schick reaction. In this case the condition may have been one of "just positive" and the stimulus of the Schick toxin subsequently raised the circulating antitoxin to the negative level.

The other positive, a five-year-old child, was first found to give a markedly positive result with the "fourfold" test, and was subsequently tested with the standard toxin, and again gave a positive, though weaker, reaction. It has not been possible to obtain a blood specimen for estimation of the antitoxin content.

### Duration of Immunity.

The grade and durability of the immunity conferred by A.P.T. depends on the potency of the particular preparation used. Some workers have found that with a single dose, the relapse rate in a year or so is not high, whereas others have found that a number of children rendered Schick negative revert within a year to the Schick positive state. With the two-dose method used in Poole, I have found that, at the end of eighteen months, there was no evidence that any appreciable loss of immunity had occurred. One hundred and twelve children, who had been immunized with 2 small doses of A.P.T. and found Schick-negative when tested two months later, were again tested 18 months or more after the previous test; all were still negative. This result is the more suggestive, for in 80 per cent. of these children the "fourfold" Schick toxin test was used.



### Diphtheria Incidence and Immunization.

Since the severe epidemic of 1929-30, the diphtheria attack rate in Poole has progressively declined. In 1929, the rate was almost three times that for England and Wales, whereas by 1935 it had dropped to one-sixth of the attack rate for the rest of the country. It is not suggested that this decline is entirely due to immunization, as the proportion of the child population dealt with is not high enough to warrant such an assumption, but it is believed that the presence in the child community of a considerable number of immune children is undoubtedly a factor contributing to the continued low diphtheria incidence rate.

The following table shows the incidence of diphtheria in Poole, London, and England and Wales from 1929 to 1936.

**Diphtheria Attack Rate per 1,000 Population.**

	1929	1930	1931	1932	1933	1934	1935	1936
Poole ...	4.25	3.25	1.51	0.94	0.19	0.14	0.27	0.29
London ...	2.68	3.03	1.95	1.88	2.25	2.81	2.25	—
England and Wales	1.59	1.84	1.26	1.08	1.18	1.70	1.60	—

During the first two years of diphtheria immunization, in the presence of a widespread epidemic, five children who had received prophylactic injections developed clinical diphtheria. The disease in each case was considerably modified. In all five cases the attack occurred before immunity had been fully established, as with the prophylactic then in use the lapse of a period of 10 to 20 weeks was necessary for the development of immunity. No death from diphtheria has occurred in a child who has received prophylactic injections, and since 1931 no treated child has developed diphtheria.

The records of the city of New York show that, where effective treatment and extensive immunization are practised, the triumph of preventive medicine over diphtheria is evident. Park (1936) records that in New York the death rate from diphtheria was 150 per 100,000 in 1894; it had gradually dropped by 1914 to 20 per 100,000, and by 1935, due to extensive prophylactic immunization, it had fallen to 1 per 100,000.

With a general extension of the practice of active immunization against this disease, this country could reduce both death rate and incidence in a convincing manner. It is not too much to hope that, with an active lead from the central health authority, within fifty years, diphtheria, as with smallpox, will be a disease seldom seen and almost forgotten.

### Conclusions based on the Poole Results.

The two-dose method of immunization with Alum-Precipitated Toxoid, first tried out "in the field" by the Public Health Department, Poole, is simple, and free from reaction difficulties, its results are efficient and the effect durable. The level of immunity is higher than that obtained with Toxoid Antitoxin or Formol Toxoid. The immunity conferred is more durable than that resulting from the use of other prophylactics or from a single dose of Alum-Precipitated Toxoid. The Schick negative rate obtained with the two-dose method is so high that a Schick test after treatment is unnecessary.

### References.

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### XIX. MISCELLANEOUS.

During the year 64 children were examined regarding their physical fitness for part-time employment. The majority of these children are engaged in newspaper delivery. Four children were rejected as unfit.

The following extracts from the Juvenile Employment Committee's Report for the year ending 31st July, 1933, indicate its valuable co-ordinating work between school life and the labour market.

"The Committee is authorised by the Poole Borough Council to advise and help boys and girls from the ages of 14 to 18 years in choice of suitable employment and to assist, where required, on all matters relating to their industrial welfare.

"All Departments in Schools are visited towards the end of each leaving period, when the Leavers are interviewed and particulars taken of employment desired. Thus close personal co-operation is maintained with all Head Teachers. When children have left School they are followed up by an After-Care Visitor, who reports to the Bureau whether the child is in work and if any further action is required. The child's name is kept on a list if he is not in satisfactory employment, or only in temporary work."

The Report for the period August, 1935 to July, 1936, shows that during the year 966 vacancies, of which 168 were ultimately cancelled, were notified to the Bureau. Of the available vacancies, 761 were filled, 355 boys and 406 girls being placed in employment.

88 boys were employed as errand boys, 28 as van boys, 41 as trade apprentices, and other posts filled were garden boys, factory workers, labourers, brick and timber workers. 65 girls found work as resident and 113 as daily maids, and 63 were placed as shop assistants. Others were employed as laundry, pottery and factory workers, and as shop apprentices. The number of elementary school leavers during the period was 725 (343 boys and 382 girls).

The 1934 report stated : "It is pleasing to find a larger number of children returning to school voluntarily after having reached the legal age for leaving, rather than spending an aimless time at home being unable to find suitable work. This is largely due to the encouragement given by their head teachers, and by the advice of the Committee when they are registered before leaving school, and it thus becomes the natural thing with many children."

*Irregular Attendances.* Under the School Attendance Bye-laws 22 appearances were made before the magistrates. Fines were inflicted in 12 cases.

# REPORT OF MEDICAL INSPECTIONS

BY THE MEDICAL INSPECTOR

FOR THE YEAR 1911

1911

1911

1911

## LIST OF TABLES.

1. Return of Medical Inspection.
  - A. Routine Medical Inspections.
  - B. Other Inspections.
  - C. Number of Individual Children found to require treatment
2. A. Return of Defects found by Medical Inspection.  
 B. Classification of Nutrition of Children examined at Routine Inspections.
3. Return of Exceptional Children.  
 Return of Children notified to the Local Mental Deficiency Authority.
4. Return of Defects Treated :
  - Group 1. Minor Ailments.
  - Group 2. Defective Vision and Squint.
  - Group 3. Defects of Nose and Throat.
  - Group 4. Orthopaedic and Postural Defects.
5. Return of Dental Inspection and Treatment.
6. Return of Uncleanliness and Verminous Conditions.
7. Statistics of School Attendance.

	1911	1910	1909
Number of Children	100	100	100
Number of Defects	100	100	100
Number of Defects Treated	100	100	100
Number of Defects Not Treated	100	100	100
Number of Defects Treated by Special Treatment	100	100	100
Number of Defects Treated by General Treatment	100	100	100
Number of Defects Treated by Special Treatment	100	100	100
Number of Defects Treated by General Treatment	100	100	100

# SYNOPSIS

The following synopsis of the contents of the book is given for the purpose of enabling the reader to ascertain at a glance the scope and extent of the work.

The book is divided into two main parts, the first of which deals with the general principles of medicine, and the second with the special principles of the various branches of the medical profession.

## LIST OF TABLES

1. Table of Medical History, showing the progress of the various branches of medicine from the earliest times to the present day.
- A. Table of the History of the Human Mind, showing the progress of the various branches of the human mind from the earliest times to the present day.
- B. Table of the History of the Human Body, showing the progress of the various branches of the human body from the earliest times to the present day.
- C. Table of the History of the Human Soul, showing the progress of the various branches of the human soul from the earliest times to the present day.
2. Table of the History of the Human Mind, showing the progress of the various branches of the human mind from the earliest times to the present day.
3. Table of the History of the Human Body, showing the progress of the various branches of the human body from the earliest times to the present day.
4. Table of the History of the Human Soul, showing the progress of the various branches of the human soul from the earliest times to the present day.
5. Table of the History of the Human Mind, showing the progress of the various branches of the human mind from the earliest times to the present day.
6. Table of the History of the Human Body, showing the progress of the various branches of the human body from the earliest times to the present day.
7. Table of the History of the Human Soul, showing the progress of the various branches of the human soul from the earliest times to the present day.

**Table I.**

**RETURN OF MEDICAL INSPECTIONS.**

**A. Routine Medical Inspections.**

Number of Inspections in the prescribed Groups.

Entrants	...	...	...	772
Second Age Group	...	...	...	711
Third Age Group	...	...	...	564
				---
		Total	...	2047
Number of Other Routine Inspections	...	...	...	130
				---
				2177
				---

**B. Other Inspections.**

Number of Special Inspections	...	...	3785
Number of Re-inspections	...	...	5274
			---
	Total	...	9059
			---

**C. Children Found to Require Treatment.**

Number of Individual children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases.)

Group.	For defective vision (excluding squint)	For all other conditions recorded in Table IIA	Total
(1)	(2)	(3)	(4)
Entrants ...	—	132	132
Second Age Group ...	48	125	173
Third Age Group ...	44	57	101
Total (Prescribed Groups)	92	314	406
Other Routine Inspections	4	19	23
GRAND TOTAL ...	96	333	429



Table I.  
RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.

Number of Inspections in the Following Groups		
Infants	...	773
Second Age Group	...	711
Third Age Group	...	681
Total	...	2043
Number of Other Routine Inspections	...	170
		2177

B. Other Inspections.

Number of Special Inspections	3700
Number of Re-inspections	4274
Total	7974

C. Children Found to Require Treatment.

Number of individual children found at Routine Medical Inspections to require treatment (excluding 1) lots of medicine, 2) medicine not found in house.

Group	Inspected and found to require treatment	Inspected and found to require treatment (excluding 1) lots of medicine, 2) medicine not found in house	Total
Infants	12	12	24
Second Age Group	18	18	36
Third Age Group	24	24	48
Total (Previous Groups)	54	54	108
Other Routine Inspections	1	1	2
Grand Total	55	55	110

TABLE II.

## A. Return of Defects found by Medical Inspection in the Year Ended 31st December, 1936.

DEFECT OR DISEASE.					Routine Inspections		Special Inspections.					
					No. of Defects.		No. of Defects.					
					Re- quir- ing treat- ment	Requiring to be kept under ob- servation, but <i>not</i> requiring treatment.	Re- quir- ing treat- ment	Requiring to be kept under ob- servation, but <i>not</i> requiring treatment.				
SKIN	Ringworm :	...	...	...	—	—	—	—				
	Scalp	...	...	...	—	—	—	—				
	Body	...	...	...	—	—	11	4				
	Scabies	...	...	...	—	—	15	13				
	Impetigo	...	...	...	—	—	16	—				
	Other Diseases (Non-Tuberculous)	...	...	...	1	—	175	11				
EYE	Blepharitis	...	...	...	—	—	25	—				
	Conjunctivitis	...	...	...	1	—	33	—				
	Keratitis	...	...	...	—	—	—	1				
	Corneal Opacities	...	...	...	—	—	—	—				
	Other Conditions (excluding Defective Vision and Squint)	...	...	...	5	—	69	2				
	Defective Vision (excluding squint)	...	...	...	96	—	130	—				
EAR	Squint	...	...	...	15	1	17	—				
	Defective Hearing	...	...	...	3	—	1	—				
	Otitis Media	...	...	...	3	—	13	—				
	Other Ear Diseases	...	...	...	4	—	65	4				
	Chronic Tonsillitis Only	...	...	...	14	41	15	—				
	Adenoids only	...	...	...	51	23	21	—				
NOSE AND THROAT	Chronic Tonsillitis and Adenoids	...	...	...	216	1	233	2				
	Other Conditions	...	...	...	11	1	144	3				
	Enlarged Cervical Glands (Non-Tuberculous)	...	...	...	49	1	41	—				
Defective Speech					...	...	...	...	2	—	—	—
HEART AND CIRCULA- TION	Heart Disease :	...	...	...	...	...	...	...	...	...	...	...
	Organic	...	...	...	...	2	1	1	—			
	Functional	...	...	...	...	2	6	3	3			
LUNGS	Anaemia	...	...	...	...	—	—	2	—			
	Bronchitis	...	...	...	...	19	—	27	1			
	Other Non-Tuberculous Diseases	...	...	...	...	—	—	4	—			
TUBER- CULOSIS	Pulmonary :	...	...	...	...	...	...	...	...			
	Definite	...	...	...	...	—	—	2	1			
	Suspected	...	...	...	...	—	1	—	9			
	Non-Pulmonary :	...	...	...	...	...	...	...	...			
	Glands	...	...	...	...	—	—	1	4			
	Bones and Joints	...	...	...	...	—	—	—	1			
NERVOUS SYSTEM	Skin	...	...	...	...	—	—	1	—			
	Other Forms	...	...	...	...	—	—	—	4			
	Epilepsy	...	...	...	...	2	1	7	1			
DEFORM- ITIES	Chorea	...	...	...	...	—	—	1	—			
	Other Conditions	...	...	...	...	1	—	1	3			
	Rickets	...	...	...	...	3	1	—	—			
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	Spinal Curvature	...	...	...	...	3	1	1	2			
	Other Forms	...	...	...	...	5	—	33	4			
						15	7	1038	154			
Total					...	526	86	2146	227			

TABLE II.

A. Bureau of Defects found by Medical Inspection in the Year 1901

[illegible]

**B. Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.**

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	772	150	19.43	512	66.32	106	13.73	4	0.52
Second Age-group	711	84	11.82	532	74.82	81	11.39	14	1.97
Third Age-group	564	129	22.87	390	69.15	39	6.91	6	1.07
Other Routine Inspections	130	39	30.00	76	58.46	13	10.00	2	1.54
TOTAL	2177	402	18.47	1510	69.36	239	10.98	26	1.19



D (ft)	C velocity (ft/min)		B rate (ft/min)		A rate (ft/min)		rate (ft/min)	rate (ft/min)
	ft	min	ft	min	ft	min		
10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1	10.1
20.1	20.1	20.1	20.1	20.1	20.1	20.1	20.1	20.1
30.1	30.1	30.1	30.1	30.1	30.1	30.1	30.1	30.1
40.1	40.1	40.1	40.1	40.1	40.1	40.1	40.1	40.1
50.1	50.1	50.1	50.1	50.1	50.1	50.1	50.1	50.1
60.1	60.1	60.1	60.1	60.1	60.1	60.1	60.1	60.1
70.1	70.1	70.1	70.1	70.1	70.1	70.1	70.1	70.1
80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1
90.1	90.1	90.1	90.1	90.1	90.1	90.1	90.1	90.1
100.1	100.1	100.1	100.1	100.1	100.1	100.1	100.1	100.1

TABLE III.  
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
3	—	—	2	5

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	2	—	—	2

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
3	—	—	1	4

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	1	—	—	1

Mentally Defective Children.  
(Feeble-Minded Children).

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	18	5	13	37

Epileptic Children.  
Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	4	—	1	9

Physically Defective Children  
A. Tuberculous Children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.  
(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	3	1	3	8

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	7	2	4	18

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	33	—	—	33

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	23	3	1	28

D. Children With Heart Disease.

At Certified Special Schools	At Public Elementary Schools	At other Institutions.	At no School or Institution	Total
—	9	1	4	14

Children suffering from Multiple Defects.  
(Feeble minded and Crippled).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	1	3	—	4

IV. LE III.

[illegible]



**STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED  
31st DECEMBER, 1936, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL  
MENTAL DEFICIENCY AUTHORITY.**

**Total Number of Children Notified ... 7**

**ANALYSIS OF THE ABOVE TOTAL.**

DIAGNOSIS.	Boys	GIRLS.
(i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots ... ..	1	—
(b) Imbeciles ... ..	1	4
(c) Others ... ..	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives ... ..	—	—
(b) Others ... ..	—	—
Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ... ..	—	1
Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases ... ..	—	—
<i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.		
Children who in addition to being mentally defective were blind or deaf ... ..	—	—
<i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
<b>GRAND TOTAL ... ..</b>	<b>2</b>	<b>5</b>



STATEMENT OF THE NUMBER OF CHURCHES WITHIN DURING THE YEAR  
DECEMBER, 1901, OF THE LOCAL ASSOCIATION OF THE LOCAL  
HEALTH DEPARTMENT AUTHORITY.

7 ...

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TABLE IV.

Return of Defects Treated during the year ended 31st December, 1936.

## TREATMENT TABLE.

## GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN :—			
Ringworm-Scalp—			
(i) X-Ray Treatment. If none, indicate by dash.	—	—	—
(ii) Other „ ... ..	—	—	—
Ringworm-Body ... ..	11	—	11
Scabies ... ..	15	—	15
Impetigo ... ..	16	—	16
Other Skin Disease ... ..	173	2	175
MINOR EYE DEFECTS :—			
(External and other, but excluding cases falling in Group II)	127	—	127
MINOR EAR DEFECTS :— ... ..	78	1	79
MISCELLANEOUS :— ... .. (e.g. minor injuries, bruises, sores, chilblains, etc.)	1004	34	1038
Total ... ..	1424	37	1461

GROUP II.—DEFECTIVE VISION AND SQUINT (Excluding Minor Eye Defects treated as  
Minor Ailments—Group I).

Defect or Disease. (1)	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)	Prescribed (1)		Obtained (2)	
				Under the Author- ity's Scheme	Other- wise.	Under the Author- ity's Scheme	Other- wise
Errors of Refraction (including Squint)	352	—	352				
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	13	4	17	196	—	187	—
Total ... ..	365	4	369				

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

## NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practi- tioner or Hospital apart from the Authority's Scheme				Total					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	165	413
—	3	240	—	—	—	5	—	—	3	245	—		

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat





TABLE IV.—continued.

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
No. of children treated.	2	20	89	—	—	7	94

TABLE V.—DENTAL DEFECTS.

(1) Number of Children who were :— (a) Inspected by the Dentist : Aged :		(4) Attendances made by children for treat- ment—2060	
Routine Age Groups	5—589	Total—6451	(5) Hours devoted to :—
	6—678		Inspection - 139
	7—779		Treatment - 443
	8—761		Total—582
	9—796		(6) Fillings :—
	10—738		Permanent Teeth 593
	11—649		Temporary Teeth 34
	12—680		Total—627
	13—665		(7) Extractions :—
	14—116		Permanent Teeth 719
(b) Specials ... ..	507 (*)	Total—3099	Temporary Teeth 2380
(c) Total (Routine and Specials)	6451		(8) Administrations of general anæsthetics for extractions 920
(2) Found to require treatment	4054		(9) Other operations :—
(3) Actually treated ...	1158	Permanent Teeth — } Total — Temporary Teeth — }	

\* Included in total (a) above.

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses	6
(2) Total number of examinations of children in the Schools by School Nurses ...	30215
(3) Number of individual children found unclean ... ..	297
(4) Number of children cleansed under arrangements made by the Local Education Authority—	
(5) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ... ..	—
(b) Under School Attendance Byelaws ... ..	—



TABLE IV.—ORTHOPRAEDIC AND SODIUM OXIDE

TABLE IV.—ORTHOPRAEDIC AND SODIUM OXIDE

Number of children tested	Percentage of children with				Total
	Orthopedic	Orthopedic and Sodium Oxide	Orthopedic and Sodium Oxide and Sodium Oxide	Orthopedic and Sodium Oxide and Sodium Oxide and Sodium Oxide	
2	100	100	100	100	2

TO THE LOCAL

TABLE V.—DENTAL DEFECTS

Number of children with	Percentage of children with				Total
	Orthopedic	Orthopedic and Sodium Oxide	Orthopedic and Sodium Oxide and Sodium Oxide	Orthopedic and Sodium Oxide and Sodium Oxide and Sodium Oxide	
2	100	100	100	100	2

TABLE VI.—DENTAL DEFECTS AND VARIOUS COUNTS

Number of children with	Percentage of children with				Total
	Orthopedic	Orthopedic and Sodium Oxide	Orthopedic and Sodium Oxide and Sodium Oxide	Orthopedic and Sodium Oxide and Sodium Oxide and Sodium Oxide	
2	100	100	100	100	2

TABLE VII.

Statistics of Attendance, etc.

School		Recognised Accommodation	Average number on register	Average Attendance	Percentage
COUNCIL SCHOOLS.					
Lagland Street	Infants' Department	394	365	322	88.2
Hamworthy	Mixed & Infants' "	540	651	573	88.0
Branksome Heath	Boys' "	280	290	273	93.4
"	Girls' "	303	329	299	90.9
"	Infants' "	303	341	285	83.6
Heatherlands	Boys' "	312	323	291	90.1
"	Girls' "	300	313	289	92.3
"	Infants' "	300	296	243	82.9
Oakdale	Mixed "	410	431	391	90.7
Courthill	Mixed "	400	373	337	93.9
"	Infants' "	250	196	170	86.7
South Road	Boys' "	290	252	235	93.2
"	Girls' "	290	207	200	96.6
Martin Road	Mixed & Infants' "	320	342	298	87.1
Broadstone	Mixed & Infants' "	207	240	213	88.7
NON-PROVIDED SCHOOLS.					
St. Aldhelm's	Boys' "	232	241	215	89.2
"	Girls' & Infants' "	419	345	292	84.6
Parkstone C. of E.	Mixed "	382	327	297	90.8
"	Infants' "	140	126	106	84.1
Longfleet	Boys' "	240	220	202	91.8
"	Girls' "	164	172	158	91.9
"	Infants' "	164	184	152	82.6
Poole C. of E.	Boys' "	279	207	194	93.7
"	Girls' & Infants' "	363	297	256	86.2
St. Mary's R.C.	Mixed & Infants' "	136	119	104	87.4
Stanford Village C. of E.	Mixed & Infants' "	120	56	51	91.1
Total	... ..	7538	7243	6446	88.9

TABLE VII.  
Statistics of Attendance, etc.

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